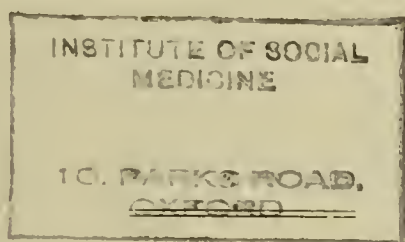


CORNWALL COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

OF HEALTH

1949

R. N. CURNOW, M.B., B.S., D.P.H.*

CONTENTS

	PAGE
Health Committee	4
Public Health Officers	7
Statistics and Social Conditions	11
National Health Service Act—Administration	15
Care of Mothers and Young Children :	16
Maternity Accommodation	17
Maternity Outfits	17
Rosemundy Home	17
Puerperal Pyrexia	17
Ophthalmia Neonatorum	17
Day Nursery	17
Maternal mortality	18
Infant mortality	19
Child Welfare Centres	19
Nursing Services :	21
Report of County Nursing Officer	22
Report of Supervisor of Midwives	25
Nurseries and Child Minders Regulation Act	26
Nursing Homes	27
Disabled and Old Persons' Homes	27
Home Help Service	27
Report of Senior Dental Officer	29
Ambulance Service :	35
Centralised Call-Out and Control System	36
Maintenance and Servicing	37
Vehicle Strength	38
Volunteer Manning	38
Long Distance Transport	39
Use of Ambulances	39
Sitting Case Car Service	39
Co-operation with Demanding Authorities	40
Survey of the Ambulance Service	41
Infectious Diseases :	41
Small Pox	41
Diphtheria	42
Poliomyelitis	42
Scarlet Fever	47
Enteric Fever	47
Cerebro-Spinal Fever	47
Measles	47
Whooping Cough	47
Isolation Hospital	47
Tuberculosis	48
Care and After-Care	50
Preventive Medicine	52
Health Education	60
Mental Health—Report of County Psychiatrist	61
Blind Persons	64
Laboratory Facilities	70

CONTENTS (*continued*)

	PAGE
Inspection and Supervision of Food—Report of Chief Inspector under Food and Drugs Acts	70
Report of County Sanitary Officer :	72
Milk (Special Designations) Act, 1949	72
Ice Cream (Heat Treatment) Regulations, 1947	74
Volunteer Agricultural Camps and Hostels	76
Ministry of Health Inquiries	77
Sanitary Survey of Schools	78
Rivers Pollution Prevention Acts	78
Rats and Mice (Destruction) Act	81
Water Supplies	82
Sewerage and Sewage Disposal	87
Rural Housing	89
Housing Acts—Grants	92
Tables	at end
Table I. Population, Births and Deaths, 1949	
Table II. Population, Births and Deaths—Summary of Years	
Table III. Infectious Diseases, 1949	
Table IV. Infectious Diseases—Summary of Years	
Table V. Causes of Death, 1949	
Table VI. Midwifery Statistics—Summary of Years	

HEALTH COMMITTEE

(as constituted at 31st December, 1949)

Chairman:

Mrs. M. F. WILLIAMS

Vice-Chairman:

W. S. RASHLEIGH

Members:

Mrs. M. T. ANDREWS	E. G. LILLEY
Mrs. H. C. C. ASHER	N. S. LYNE
Mrs. A. M. BLACKWOOD	W. E. MILLER
Major C. A. E. CHUDLEIGH	A. T. OPIE
J. DANIEL	J. C. PENBERTHY
T. B. EDDY	W. J. T. PETERS
W. G. GOODFELLOW	J. READ
J. H. B. HARRIS	A. J. ROBERTS
J. H. HAWKEN	C. L. ROSEWARNE
H. B. LAITY	W. SYMONS
Mrs. P. LANYON	P. M. WILLIAMS

Representatives of Area Sub-Committees:

Area I	Mrs. K. POOLE	Area IV	A. BELLINGHAM
Area II	Mrs. M. E. COCHRANE-DYET	Area V	Mrs. D. M. WILLS
Area III	Dr. E. H. EASTCOTT	Area VI	J. SETCHELL
	Area VII	D. P. PEACOCK	

Co-Opted Members:

Dr. I. W. HORSLEY	...	British Red Cross Society
Miss MARGARET SMITH	...	Cornwall County Nursing Association
Dr. W. L. STEWART	...	St. John Ambulance Brigade
Dr. W. LESLIE	...	Local Medical Committee
The VISCOUNT CLIFDEN	...	} Mental Health.
Miss J. A. FOSTER	...	

Ex Officio:

The Chairman of the County Council.
The Vice-Chairman of the County Council.
The Chairman of the Finance Committee.

To the Chairman and Members of the Cornwall County Council.

My Lord, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County of Cornwall during the year 1949.

The general health of the County continued to improve. The Infant Mortality rate was again the lowest on record, and the Maternal Mortality rate very nearly disappeared altogether. Out of a total of 5,214 births, only 2 mothers lost their lives. The successful survival of confinements by over 99.96% of the mothers concerned is a record which we can scarcely expect to repeat with regularity year by year.

As many of us anticipated, the transfer of the responsibility for certain Hospital Services away from County Health Departments, has proved in the result to be a blessing to the Departments concerned. There has been time to pay more attention to the true function of the Health Departments in surveying the incidence of illness and devising means of prevention. During the year, a severe epidemic of acute anterior poliomyelitis swept through the County. The opportunity was taken by Dr. Hargreaves, the Deputy County Medical Officer, to carry out some valuable research work on the method of spread of the infection, and an abridged account of his findings will be found in the body of this Report. The epidemic naturally caused some alarm in the County, but it may come as a surprise to many to learn that if the epidemic had continued unabated for 10 years, it would even then not have caused as many deaths as Tuberculosis does every year in this County. It is only natural that our thoughts should at the present time be concentrated upon this very severe problem of Tuberculosis.

In the year 1948, there was a substantial increase in the number of cases of Tuberculosis diagnosed in Cornwall, but this increased rate has not been maintained in 1949. The death rate has remained steady. It is difficult to explain this fluctuation in the numbers of ascertained cases which may be due to improved methods and arrangements for ascertainment rather than to an increase in the incidence of the disease. The steadiness of the death rate seems to imply that this is the correct explanation, although, of course, the improved methods of treatment may well have reduced the case mortality rate. Apart altogether from any speculation as to whether the disease has increased in incidence in Cornwall during the last few years, there can be no doubt that it presents the

major problem for the Public Health Services. The County Health Department will need the whole-hearted support of the Borough and District Councils, the Medical Profession, the Regional Hospital Board and Management Committees, and all others concerned in devising means to bring this disease rapidly under control.

Further progress was made during the year in connection with the De Lank Scheme for watering the greater part of the County. In October, 1949, the estimated cost of the Scheme was stated to be £1,800,000. Consultations with the interested Local Authorities continued in the Mid-Cornwall Water Advisory Committee.

During the year also, a Scheme for the welfare of the blind, drawn up under the National Assistance Act, 1948, was approved by the Ministry of Health. The Mental Health Services were strengthened by the appointment of a Senior Mental Health Worker and a Mental Health Social Worker. The Central Laboratory and offices of the Dental Service were opened in October, 1949.

The organisation of the County Ambulance Service was further improved by the establishment of a centralised call-out and control system which is described in some detail in the body of this Report.

This has therefore been another year of steady progress in the organisation of the Health Services of the County. I cannot express too highly my appreciation of the steady support I have received from the Area Medical Officers who have had a very difficult dual role to play in serving the County Council and the various District Councils of which they are independently Medical Officers of Health. Without exception, they have found it possible to be completely loyal to both parties, and by their tact and sincerity have brought about a single-mindedness on the part of all Authorities concerned which has been most noticeable in the meetings of the Health Area Sub-Committees. I also appreciate very highly the help and consideration I have received from the Chairman and Members of the County Health Committee, both collectively and individually, and the loyal assistance I have received from my staff.

I am,

Your obedient Servant,

R. N. CURNOW,

County Medical Officer.

July, 1950.

CORNWALL COUNTY COUNCIL

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1949

PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and School Medical Officer:

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy County Medical Officer and Deputy School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Assistant County Medical Officer (Maternity and Child Welfare):

ANNIE MATHER, M.B., Ch.B., D.P.H.

Assistant County Medical Officers:

Area 1 (Penzance)—

W. K. DUNSCOMBE, M.D., B.S., M.R.C.S., L.R.C.P.,
D.P.H., D.T.M. & H.

Area 2 (Redruth)—

G. W. KNIGHT, M.B., Ch.B., D.P.H. (Comm. 4.4.49)

Area 3 (Truro)—

V. E. WHITMAN, B.Sc., M.R.C.S., L.R.C.P., D.P.H.,
D.T.M. & H.

Area 4 (St. Austell)—

C. A. BOZMAN, O.B.E., M.B., Ch.B., D.P.H. (Left 17.3.49)
W. AITCHISON, M.C., M.A., M.B., Ch.B., B.Sc., D.P.H.,
D.T.M. & H. (Comm. 11.6.49; Left 31.12.49)

Area 5 (Wadebridge)—

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

Area 6 (Launceston)—

*L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G.

Area 7 (Liskeard)—

P. J. FOX, M.B., B.Ch., D.P.H.

*Also Assistant School Medical Officer.

County Psychiatrist:

S. W. DAVIES, M.R.C.S., L.R.C.P., D.P.M.

Senior Assistant School Medical Officer:

J. A. CLARK, M.B.E., M.B., B.S. (Retired 30.9.49)

C. C. ELLIOTT, D.S.C., V.R.D., M.D., Ch.B., K.H.P. (Comm. 1.10.49)

Assistant School Medical Officers:

MARGARET CASTLE, M.A., M.B., Ch.B. (Left 31.12.49)

DOROTHY CHOWN, M.R.C.S., L.R.C.P.

C. C. ELLIOTT, D.S.C., V.R.D., M.D., Ch.B., K.H.P. (Appointed Senior Assistant School Medical Officer 1.10.49)

MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.

JEAN D. McKELLAR, M.B., B.S.

JEAN D. McMILLAN, B.Sc., M.B., Ch.B.

G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H. (Comm. 1.12.49)

§J. REED, M.B., Ch.B., B.Sc., D.P.H.

§L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G.

B. ROBERTS, M.R.C.S., L.R.C.P. (Comm. 1.12.49)

WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

§Also Assistant County Medical Officer.

Senior Dental Officer:

K. BATTEN, L.D.S.

Assistant Dental Officers:

W. K. BATTEN, L.D.S.

H. J. EAGLESON, L.D.S. (Left 11.6.49)

P. W. EDDY, L.D.S.

W. H. ELLAM, B.D.S.

D. A. PATTERSON, L.D.S.

F. H. STRANGER, L.D.S.

F. R. TAYLOR, L.D.S.

County Sanitary Officer:

W. SHAW, Cert. R.S.I.

Assistant County Sanitary Officer:

E. G. ROWLEY, Cert. R.S.I. (Left 11.12.49)

Deputy County Nursing Officer, etc.:

Miss M. WITTING, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.

Assistant County Nursing Officers:

Area 1—Miss M. BACH, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.

Area 2—Miss C. GUEST, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.

Area 3—Miss E. MORAIN, S.R.N., S.C.M., H.V.Cert.R.S.I.,
Q.N.S.

Area 4—Miss M. BATES, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.

Area 5—Miss S. KEELER, S.R.N., S.C.M., H.V.Cert.R.S.I.,
Q.N.S.

Area 6—Miss M. G. AUSTIN, S.R.N., S.C.M., H.V.Cert.R.S.I.,
Q.N.S.

Area 7—Miss E. O. ROBERTS, S.R.N., S.C.M., H.V.Cert.R.S.I.,
Q.N.S. (Left 2.8.49)

County Ambulance Officer:

T. C. TRESIDDER

Divisional Ambulance Officers:

Area 1—W. H. MAYCOCK

Area 2—F. POLKINGHORNE

Area 3—J. SEDGLEY (Left 9.6.49)

Area 4—D. C. B. PECKETT

Areas 5 and 6—S. G. MATTHEWS

Area 7—J. J. PEARCE.

Duly Authorised Officers:

Area 1—P. A. CLIFTON

Area 2—F. A. MARKS

Area 3—S. R. MOYSE

Area 4—W. St. A. SWEET

Area 5—A. J. ARMSTRONG

Area 6—C. WARD

Area 7—W. V. COUCH.

Mental Health Workers:

Mrs. W. E. HOOPER (Left 30.9.49)

Miss B. M. SYRETT

Miss K. M. WELSH (Comm. 1.4.49)

Mental Health Social Worker:

Mrs. J. M. STEPHENS, B.A. (Cantab.), Social Science Diploma
(Comm. 16.5.49).

Chief Inspector under Food and Drugs Acts:

K. R. C. MARTIN.

Chief Clerk:

J. R. SANDERS.

PART-TIME OFFICERS :**County Nursing Officer, Supervisor of Midwives, and Superintendent Health Visitor:**

Miss ANN WHITE, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.

Public Analyst:H. E. COX, D.Sc., Ph.D., F.I.C., The Laboratory, 11 Billiter Square,
London, E.C.3.**County Pathologist:**F. D. M. HOCKING, M.Sc., M.B., B.S., F.I.C., F.C.S., Royal
Cornwall Infirmary, Truro.**County Chest Physician:**

J. G. CAIRNS, M.B., Ch.B., D.P.H.

Assistant County Chest Physician:

STELLA M. LUTY, M.B., B.S.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area	...	...	...	864,126 acres
Population, 1949 (excluding Scilly Isles)		civilian	330,247	(Registrar General's estimate).
		Total	339,077	
Population, 1931 census (excluding Scilly Isles)	...	...	316,228	
Number of inhabited houses (1931 census)			83,544	
Rateable Value	...	...	£1,771,515	
Sum represented by a penny rate			£7,164	

The chief industries according to the 1931 Census were :—

	Males	Females	Total
Agriculture	22,588	1,204	23,792
Clay, Sand, Gravel, etc. pits	3,883	41	3,924
Tin and Copper Mines	665	12	677
Other Mines	2,556	18	2,574
Stone Quarries, Mines, etc.	2,068	14	2,082
Fishing	2,488	5	2,493

These figures exclude those persons out of employment on Census Day.

Table I at the end of the Report shows the estimated population and number of births and deaths for 1949 in each of the Sanitary Districts of the County, whilst Table II gives a summary for the County for recent years.

Live Births

	Male	Female	Total
Legitimate	2,442	2,361	4,803
Illegitimate	138	146	284
Total	2,580	2,507	5,087

Birth rate per 1,000 of the population, 15.41.

Still Births

	Male	Female	Total
Legitimate	64	55	119
Illegitimate	3	5	8
Total	67	60	127

Deaths

Male	Female	Total
2,242	2,416	4,658

Death rate per 1,000 of the population, 14.10.

Deaths from Puerperal causes :—

Puerperal Sepsis	...	0	Rate per 1,000 total (live and still) births	nil
Other Puerperal causes	2	„	„	0.38
Total	...	2	„	0.38

Number of Deaths at Different Periods of Life

Age Group		Male	Female	Total
0—1	...	99	66	165
1—5	...	17	15	32
5—15	...	18	10	28
15—45	...	152	139	291
45—65	...	511	430	941
Over 65	...	1,461	1,771	3,232
Total		2,258	2,431	4,689*

*Including 31 deaths in the Scilly Isles.

Death rate of infants under 1 year of age :—

All infants per 1,000 live births	...	32.24
Legitimate infants per 1,000 legitimate live births	...	32.48
Illegitimate infants per 1,000 illegitimate live births	...	28.17
Deaths from Cancer (all ages)	...	698
„ „ Measles (all ages)	...	1
„ „ Whooping Cough (all ages)	...	1
„ „ Diarrhoea (under 2 years of age)	...	6

Comparative Rates

		England Cornwall & Wales
Live births, rate per 1,000 of the population	... 15.41	16.7
Stillbirths, rate per 1,000 of the population	... 0.38	0.39
Total deaths, under 1 year, rate per 1,000 live births	32.24	32
Diarrhoea, under 2 years, rate per 1,000 live births	1.18	3
Deaths from all causes, per 1,000 of the population	14.10	11.7
„ Enteric Fever per 1,000 of the population	0.00	0.00
„ Whooping Cough per 1,000 of the population	0.003	0.01
„ Diphtheria per 1,000 of the population	... 0.003	0.00
„ Influenza per 1,000 of the population	... 0.15	0.15
Maternal Mortality Puerperal sepsis	... 0.00	0.11
rate per 1,000 Other puerperal causes	... 0.38	0.87
total births. Total	... 0.38	0.98

Birth Rate

The birth rate in Cornwall for 1949 was 15.41 as compared with 16.33 for 1948 and 16.7 for England and Wales.

The following are the rates in recent years :—

				Cornwall	England & Wales
1938	...	...	...	13.13	15.1
1939	...	...	...	12.67	15.0
1940	...	...	...	12.97	14.6
1941	...	...	...	12.47	14.2
1942	...	...	...	14.34	15.8
1943	...	...	...	15.19	16.5
1944	...	...	...	17.59	17.6
1945	...	...	...	16.08	16.1
1946	...	...	...	18.09	19.1
1947	...	...	...	19.00	20.5
1948	...	...	...	16.33	17.9
1949	...	...	...	15.41	16.7

Infant Mortality

The infant mortality rate was 32.24 per 1,000 live births as compared with 32 for England and Wales. This is the lowest infant mortality rate on record for Cornwall. Of the 164 infant deaths, 126 were due to congenital debility, premature birth, malformations, etc.

Infant mortality rates for a number of years are given in the Section of the Report relating to the Care of Mothers and Young Children.

Death Rate

The death rate for Cornwall for 1949 was 14.10 as compared with 12.93 for 1948, and 11.7 for England and Wales. The death rate is generally higher in Cornwall than in England and Wales, due to the higher percentage of old people as a result of the migration of young adults. The following are the rates for recent years :—

				Cornwall	England & Wales
1938	...	...	...	13.95	11.6
1939	...	...	...	14.74	12.1
1940	...	...	...	14.96	14.3
1941	...	...	...	13.96	12.9
1942	...	...	...	12.84	11.6
1943	...	...	...	14.02	12.1
1944	...	...	...	14.13	11.6
1945	...	...	...	14.61	11.4
1946	...	...	...	14.32	11.5
1947	...	...	...	14.72	12.0
1948	...	...	...	12.93	10.8
1949	...	...	...	14.10	11.7

Chief causes of death at all ages :—	1949	1948
Diseases of Heart and Blood Vessels ...	1,755	1,567
Cancer	698	670
Intracranial Vascular lesions ...	555	493
Respiratory disease ...	400	355
Suicide and deaths from violence ...	165	157
Tuberculosis	150	144
Nephritis	135	142
Congenital Debility, premature birth, etc.	126	131
Diabetes	42	41

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M	F	M	F	
0— 1 year ...	—	—	—	—	—
1— 5 years ...	—	—	—	—	—
5—15 years ...	1	—	—	—	1
15—45 years ...	8	5	1	8	22
45—65 years ...	101	54	53	40	248
65 and over ...	326	423	279	289	1317
	<hr/> 436 <hr/>	<hr/> 482 <hr/>	<hr/> 333 <hr/>	<hr/> 337 <hr/>	<hr/> 1588* <hr/>

*including 7 deaths in Scilly Isles.

A complete list of deaths from all causes, in age groups, is shown in Table V at the end of this Report.

NATIONAL HEALTH SERVICE ACT, 1946— ADMINISTRATION

The administrative structure described in some detail in my Annual Report for the year 1948 has continued to function smoothly. The areas into which the County has been divided remain as follows :—

Area No.	Area Office address	Sanitary Districts	Area in Acres	Estd. Civilian Population 1949
1	1, North Parade, Penzance.	Penzance M.B.	3,155	20,080
		St. Ives M.B.	4,287	8,628
		St. Just U.D.	7,634	4,073
		West Penwith R.D.	59,792	17,850
			<hr/> 74,868	<hr/> 50,631
2	Station Hill, Redruth.	Helston M.B.	4,014	5,070
		Camborne-Redruth U.D.	22,062	35,650
		Kerrier R.D.	90,839	20,000
			<hr/> 116,915	<hr/> 60,720
3	14/15 Boscawen Street, Truro.	Falmouth M.B.	1,880	16,920
		Penryn M.B.	829	3,978
		Truro City	2,634	12,790
		Truro R.D.	108,316	27,120
			<hr/> 113,659	<hr/> 60,808
4	34a Fore Street, St. Austell.	Fowey M.B.	2,979	2,176
		Lostwithiel M.B.	3,156	2,134
		Newquay U.D.	4,599	9,777
		St. Austell U.D.	18,379	23,640
		St. Austell R.D.	82,389	20,180
			<hr/> 111,502	<hr/> 57,907
5	Hill Road, Wadebridge.	Bodmin M.B.	3,312	5,775
		Padstow U.D.	3,343	2,466
		Wadebridge R.D.	88,230	13,860
			<hr/> 94,885	<hr/> 22,101

6	Castle Green, Launceston.	Launceston M.B.	2,182	4,635
		Bude-Stratton U.D.	4,294	5,207
		Camelford R.D.	52,544	7,506
		Launceston R.D.	73,051	6,496
		Stratton R.D.	56,285	5,103
			<hr/>	<hr/>
			188,356	28,947
7	Wadham House Annexe, Liskeard.	Liskeard M.B.	2,704	4,370
		Saltash M.B.	5,335	7,430
		Looe U.D.	1,691	3,653
		Torpoint U.D.	975	3,840
		St. Germans R.D.	48,433	15,730
		Liskeard R.D.	104,803	14,110
			<hr/>	<hr/>
			163,941	49,133

The day to day administration of all the Services administered by the Health Committee under the National Health Service Act, 1946, with the exception of the Mental Health Service, has been passed to each of the seven Area Health Sub-Committees for consideration and report. The experience of a further year has shown how valuable it is to secure the local knowledge of members of Borough and District Councils and Voluntary Associations in the detailed administration of these Services which now form so intimate a part of the life of the people in this County. I have attended every one of the meetings of these Area Sub-Committees since they were first set up, and have found it fascinating to watch the rapid development of identity of interest between the various bodies represented on them.

As far as the other two Authorities responsible for the administration of sister Services under the Act are concerned, it is encouraging to be able to report a continuing cordial relationship maintained with the Regional Hospital Board and the Executive Council for Cornwall. On the Hospital side, we are more largely concerned with the West Cornwall Hospital Management Committee and its Officers, with whom there has been ample opportunity for friction but none taken. A sense of unity of purpose seems to pervade the whole of the Health Services in spite of the various pieces into which it has been split for the operation of this Act.

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act, 1946, the County Council has a duty to provide a service for the care of expectant and nursing mothers and young children.

During the 18 months since the Appointed Day, this service has worked satisfactorily, although there is still a lack of routine ante-natal clinics, which were contemplated in the proposals. These clinics are for the regular medical supervision of patients who are to be confined in their own homes, and are also educational. The routine ante-natal clinic held at Penzance was closed on 3.5.49. Midwives' clinics were opened at Padstow, Falmouth, Penryn, Liskeard and Penzance in addition to the one already held at St. Austell. These clinics are essentially educational, and patients attending are instructed in mothercraft and ante-natal care. Patients who are to be admitted to Hospital for their confinements attend the consulting ante-natal clinics provided by the Regional Hospital Board. Each patient who has booked her doctor for her confinement is entitled to at least two ante-natal and one post-natal examinations from him under arrangements made by the Executive Council.

Maternity Accommodation. This is provided by the Regional Hospital Board. Social cases, where the patients' home are unsuitable for domiciliary confinement, are admitted on the recommendation of the County Medical Officer.

During the year 366 social cases were referred to Redruth Hospital and 123 to the Alexandra Maternity Home, Plymouth. No cases were refused admission.

Maternity Outfits. Sterilised maternity outfits are provided for those mothers who are confined at home. These outfits are distributed by the midwives or through the Health Area Office.

Rosemundy Home, St. Agnes. This is a Home of 24 beds for mothers and babies maintained by the Cornwall Social and Moral Welfare Association, subsidised by a grant from the County Council. There were 47 cases admitted during the year. Each patient is admitted about 2 months before her confinement and stays 4 months after.

Puerperal Pyrexia. 71 cases of puerperal pyrexia were notified during the year.

Ophthalmia Neonatorum. There were 6 cases of Ophthalmia Neonatorum notified. One of these cases removed from the County and in the remaining 5 there was no impairment of vision.

Day Nursery. The Newquay Nursery has accommodation for 45 children whose mothers, for domestic reasons, are unable to care for their children during the day. 70 children were admitted during the year, the average attendance being 35 and the maximum 48.

Maternal Mortality. There were no deaths from Sepsis and 2 from other causes connected with child bearing. The following are the rates per 1,000 births, including still births, in recent years :—

Year	Puerperal Sepsis.		Other Causes.		Total Cornwall.		England & Wales.
	No. of deaths.	Rate.	No. of deaths.	Rate.	Maternal deaths.	Maternal Mortality Rate.	Maternal Mortality Rate.
1923	... 6	1.10	20	3.66	26	4.76	3.82
1924	... 3	0.58	11	2.12	14	2.70	3.90
1925	... 9	1.82	25	5.05	34	6.87	4.08
1926	... 3	0.62	12	2.47	15	3.09	4.12
1927	... 6	1.27	15	3.17	21	4.44	4.11
1928	... 8	1.71	18	3.86	26	5.57	4.42
1929	... 9	1.94	15	3.24	24	5.18	4.33
1930	... 4	0.86	18	3.87	22	4.73	4.40
1931	... 4	0.85	13	2.78	17	3.63	3.94
1932	... 4	0.87	13	2.85	17	3.72	4.06
1933	... 8	1.81	12	2.72	20	4.53	4.23
1934	... 8	1.81	18	4.09	26	5.90	4.41
1935	... 3	0.68	17	3.88	20	4.57	3.93
1936	... 5	1.14	12	2.75	17	3.89	3.65
1937	... 2	0.48	13	3.12	15	3.60	3.11
1938	... 6	1.42	14	3.32	20	4.74	2.97
1939	... 3	0.72	11	2.62	14	3.34	2.82
1940	... 1	0.22	10	2.18	11	2.40	2.16
1941	... 6	1.13	17	3.20	23	4.33	2.23
1942	... 2	0.39	8	1.56	10	1.95	2.01
1943	... 7	1.36	6	1.17	13	2.53	2.29
1944	... 6	1.03	14	2.39	20	3.42	1.93
1945	... 3	0.57	13	2.49	16	3.06	1.79
1946	... 1	0.17	5	0.85	6	1.02	1.43
1947	... 2	0.32	14	2.22	16	2.54	1.17
1948	... —	0.00	7	1.27	7	1.27	1.02
1949	... —	0.00	2	0.38	2	0.38	0.98

The rates for particular years are very variable owing to the comparatively small number of births. The following are the rates per 1,000 total births for recent five year periods :—

1925-29	...	5.03
1930-34	...	4.50
1935-39	...	4.03
1940-44	...	2.95
1945-49	...	1.65

The quinquennial rates given above give some indication of the significant reduction in maternal mortality which has occurred in Cornwall during recent years.

Infant Mortality

Infant mortality rates :—

				Cornwall	England & Wales
1898	...	...	...	156	160
1900	...	...	...	126	154
1910	...	...	...	85	105
1911	...	...	...	129	130
1920	...	...	...	59	80
1930	...	...	...	51	60
1931	...	...	...	54	66
1932	...	...	...	54	65
1933	...	...	...	52	64
1934	...	...	...	57	59
1935	...	...	...	46	57
1936	...	...	...	51	59
1937	...	...	...	49	58
1938	...	...	...	50	53
1939	...	...	...	59	50
1940	...	...	...	48	55
1941	...	...	...	52	59
1942	...	...	...	46	49
1943	...	...	...	36	49
1944	...	...	...	41	46
1945	...	...	...	37	46
1946	...	...	...	39	43
1947	...	...	...	35	41
1948	...	...	...	34	34
1949	...	...	...	32	32

In 1949 the infant mortality rate for the County reached the record low level of 32.24 per thousand live births. The rate of infant mortality is generally considered to be the most sensitive index of the condition of the population from the hygienic point of view and the figure for 1949 remains very satisfactory. The mean average yearly figure for the past 5 years is 35.45, whilst the corresponding figure for the previous 5 year period was 44.6.

Child Welfare Centres

On July 5th, 1948, Child Welfare Centres became the responsibility of the County Council. Previously they were maintained by voluntary

organisations aided by grants from the County Council and it is encouraging to note the interest and assistance still given by voluntary workers at these centres. They are staffed by the Assistant School Medical Officers, health visitors and district nurses.

Clinics are set up in towns and populous areas. In rural districts a service is provided by qualified health visitors, who visit homes where there are children under school age.

The aims of a Child Welfare Centre are threefold :—

1. Parentcraft to instruct mothers in the care and feeding of infants and young children.
2. To supervise the progress of young children and prevent, as far as possible, unnecessary illness due to ignorance of their mothers.
3. To assist in restoring the mother to health, and in establishing natural breast feeding.

Treatment is not given at these Centres, and they do not take the place of a hospital or private doctor's consultation. A busy practitioner cannot always spare time for the supervision of the development and nutrition of a healthy child, and the education of its mother. The value of the mother's attendance at a Centre is increased by follow-up visits to her home by a health visitor, who makes sure that the doctor's advice has been understood, and that the directions given are followed correctly. Further explanation is given in the home when necessary.

Centres are used to further Health Education. Attractive posters are displayed and pamphlets distributed. Talks and demonstrations are given at each session. Appropriate films have been shown at many Centres. These have been much appreciated by the audiences, who find these visual aids interesting and helpful in their personal problems.

Owing to insufficient attendances the clinic at St. Breward was closed. New clinics were opened at St. Just and Par. The clinic run by the voluntary association at Rock was closed, but those at St. Mawes, Portscatho, St. Eval and St. Mawgan Camp continue.

At the end of the year there were 37 Infant Welfare Centres in the county situated as follows :—

Penzance Area

St. Just
Penzance
Newlyn
Heamoor
Mousehole
St. Ives
Hayle

St. Austell Area

Par
St. Austell
Newquay

Wadebridge Area

Padstow
Bodmin
Wadebridge

Redruth Area

Helston
 Camborne
 St. Day
 Pool (Illogan)
 Redruth

Truro Area

St. Agnes
 Perranporth
 Truro
 Falmouth
 Penryn
 Perranwell
 Grampound Road

Launceston Area

Launceston
 Bude
 Camelford
 Delabole
 St. Teath

Liskeard Area

Liskeard
 Looe
 Callington
 Saltash
 Downterry
 Millbrook
 Torpoint

99 sessions are held per month at these clinics. 6,543 children attended during the year making a total number of attendances of 24,734.

No. of children under 1 year of age who attended for the first time :—
 1,985.

No. of children aged 1—5 years who attended for the first time :—
 797.

Total attendances under 1 year = 16,537

Total attendances over 1 year = 8,197

THE NURSING SERVICES

The re-organisation of the Nursing Services made under the National Health Service Act has effected an economy in District Nurse-Midwives. This service has proved satisfactory. By providing Nurses with a telephone and car it is unnecessary to establish a Nurse in every village, and with a larger district she has sufficient work to keep in practice and maintain her efficiency.

The County Nursing Association still retains responsibility for housing and transporting nurses, and befriending¹ them when they take up duty in a new community. The administrative machinery set up by the County Nursing Association is parallel to that of the Health Committee, consisting as it does of a central organisation with seven Area Committees. The arrangement has proved as effective as had been hoped and the value of voluntary service has once again been demonstrated in this most important ancillary to the more formal arrangements provided by the Local Health Authority.

REPORT OF THE COUNTY NURSING OFFICER

The first complete year since the re-organisation in July, 1948, is now over, and the greater ease of administration reported last year has been very evident. The staffing of the county has been maintained at a fairly satisfactory level, and it has been possible to use the available staff to better advantage in the new administration.

Housing

The housing of the nurse-midwives is a very serious problem, and it will certainly have an adverse effect on recruitment if it cannot be improved. If nurse-midwives have to live in rooms which lack most of the amenities, particularly hot water and a bath, which they would enjoy in hospital, we cannot expect to recruit either the quality or the quantity of staff required to maintain the service which we had hoped to improve.

Gas and Air Analgesia

At the 31st December, 1949, there were 73 midwives qualified to administer Gas and Air Analgesia out of a total staff of 128. During the year 34 midwives had a course of training for this extra qualification under the County Council arrangements. It is hoped that all the remaining suitable nurses will be able to train during 1950. By the end of December, 62 sets of apparatus had been delivered to the qualified nurses. On some double districts there is one machine between two nurses.

Nurses' Reference Library

A professional reference library has been formed for the use of the county nursing staff. It is hoped that the nurses will find the books valuable in keeping them up to date, and stimulating so that they do not become stale. There are now approximately 320 books available for borrowing, and selections from these are kept in each Area and can be borrowed at the staff meetings.

Refresher Courses

During the year arrangements were made for 25 members of our staff to attend refresher courses as follows :—Home nursing 2, midwifery 16, health visiting 6, administrative 1.

Nurses employed on 31st December, 1949:—**Administrative Staff**

County Nursing Officer	...	...	...	...	1
Deputy County Nursing Officer	...	...	...	...	1
Assistant County Nursing Officers	...	...	...	...	6

District Nurse-Midwives

“Queen’s” Nursing Sisters, S.R.N., S.C.M., Health Visitor’s					
Certificate	...	...	...	...	14
“Queen’s” Nursing Sisters, S.R.N., S.C.M.	...	...	...	...	32
State Registered Nurses, S.C.M.	...	...	...	...	26
State Certified Midwives, S.E.A.N.	...	...	...	...	56

District Nurses

“Queen’s” Nursing Sister, S.R.N only	...	...	...	1
State Enrolled Assistant Nurses	...	...	...	2

Health Visitors

State Registered Nurses, S.C.M., H.V. Cert.	...	...	...	24
State Registered Nurse, S.C.M. (Temporary)	...	...	...	1
				—
				164
				—

Patients Attended by Nurse-Midwives

New Patients	...	...	...	...	14,310
Surgical Cases	...	...	...	3,770	
Medical Cases	...	...	...	7,557	
Midwifery Cases	...	...	...	1,728	
Maternity Cases	...	...	...	1,054	
Miscarriages	...	...	...	201	

Work done by Nurse-Midwives

General Nursing Visits	...	...	...	174,878
Midwifery and Maternity Cases	...	...	...	52,101
Casual Visits	...	...	...	23,748
Ante-natal Visits	...	...	...	23,854
Attendances at Operations	...	...	...	173
Nights on duty	...	...	...	2,578

Maternity and Child Welfare Work

		Full-time H.V's	Part-time H.V's	Admin- istrative staff	Totals
Visits to children under 1 year	...	16,599	23,355	—	39,954
Visits to children aged 1—5 years	...	25,176	30,776	—	55,952
Child Welfare Centres attended	...	1,077	1,330	246	2,653
First Visits to Expectant Mothers	...	57	—	509	566
Total Visits to Expectant Mothers	...	158	—	509	667
Ante-natal Clinics attended	...	285	—	—	285
Child Life Protection—					
First Visits	... ..	281	—	26	307
Re-visits	... ..	332	—	—	332
Lectures given	... ..	70	—	24	94

School Work

Attendances at Minor Ailment Clinics	... ..	1,230	—	—	1,230
Attendances at School Medical Inspections	... ..	310	362	—	672
Attendances at School Cleanliness Inspections	... ..	955	2,298	—	3,253
Follow-up visits	... ..	3,607	1,135	—	4,742

Tuberculosis Work

First visits to Patients' Homes	...	840	71	—	911
Re-visits to Patients' Homes	...	7,392	—	—	7,392
Clinics attended	... ..	770	—	—	770

Venereal Disease

Clinics attended	... ..	240	—	—	240
Visits paid	... ..	203	—	—	203

The total number of patients attended by District Nurse-Midwives is an increase of 317 over the figure of new patients last year, but a decrease of 64 midwifery and maternity cases means that there was a real increase of 253 patients. The number of visits paid to medical and surgical patients increased by 8,879, and shows that greater use is being made of the District Nurse since the National Health Service Act came into operation.

Visits in connection with Maternity and Child Welfare were 4,224 less to children under 1 year of age than in 1948, and 1,458 more to children between the ages of 1 and 5 years. This is due, of course, to the decline in the Birth Rate from 19 per 1,000 in 1947, to 16 per 1,000

in 1948. A decrease in the number of Child Life Protection visits results from the transfer of this work to the Children's Department; the Health Visitors now visit only children under 5 years of age.

The follow-up visits in connection with school work were substantially less than in the previous year, and I can only think that the reason for this is that the children are in better health and cleaner.

REPORT OF THE COUNTY NURSING OFFICER AS STATUTORY NON-MEDICAL SUPERVISOR OF MIDWIVES

Midwives practising on 31st December, 1949:—

Domiciliary Cornwall County Council—

"Queen's" Nurses, S.R.N., S.C.M., H.V. Cert.	...	...	14
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	32
State Registered Nurses, S.C.M.	...	...	26
State Certified Midwives	...	...	56
			<hr/>
			128
Domiciliary in Private Practice	....	...	18
In Nursing Homes	...	...	69
			<hr/>
			215
			<hr/>

Cases attended by above Midwives:—

	As Midwives	As Maternity Nurses	
Cornwall County Council	1,728	1,054	2,782
Independent Midwives and in Nursing Homes	155	463	618
	<hr/>	<hr/>	<hr/>
	1,883	1,517	3,400
	<hr/>	<hr/>	<hr/>

Notification received of:—

Stillbirths	...	...	133
Death of Mother	...	...	1
Deaths of Children	...	...	58
Artificial Feeding	...	...	163
Liability to be Sources of Infection	...	...	54
Sending for Medical Aid	...	...	412

Medical Aid Forms sent in respect of :—

Mother during Ante-natal period	...	...	86
Mother during Labour	...	...	222
Mother during Puerperium	...	...	48
Infant	...	...	56
			<hr/>
			412
			<hr/>

Work of Supervisor and Assistants:—

Regular Inspections of Midwives	...	...	...	437
Special visits of Enquiry	...	...	...	447
Inspections of Nursing Homes	...	...	...	128

There is a decrease in the number of Medical Aid forms sent by Midwives. The reason for this is that after July 5th, 1948, some of the Midwives were uncertain about their position under the new arrangements brought about by the implementation of the National Health Service Act.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Under this Act the County Council has a duty to keep a register of, and powers to supervise :—

- (a) Premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or substantial part thereof or for any longer period not exceeding 6 days.
- (b) Persons in their area who for reward receive into their homes children under the age of 5 to be looked after for the day or substantial part thereof or for any longer period not exceeding 6 days.

The local health authority can impose conditions for registration covering such matters as the maximum number of children which can be received; the precautions which have to be taken against the exposure of children to infectious diseases; qualification and numbers of staffs; the maintenance of the premises; arrangements for medical supervision; provision of suitable and adequate food. The Council has approved the registration of one Day Nursery, having accommodation for 12 children. There was no new registration during 1949.

NURSING HOMES

Nursing Homes are not directly affected by the National Health Service Act, 1946, and are still administered under the Public Health Act, 1936.

During the year one application for registration was received by the County Council and was approved by the Maternity and Child Welfare Sub-Committee. 6 Homes were re-registered and 6 registrations were cancelled. Exemption from registration was granted to one Hospital. There were 21 Nursing Homes on the register at the end of the year with 83 maternity beds and 111 beds for other cases. 476 babies were born in Nursing Homes during the year, compared with 877 in 1948.

160 visits of inspection were paid to these Nursing Homes.

Indirectly, the National Health Service Act has affected Nursing Homes and has led to the closing of several. Patients are taking advantage of free medical and hospital treatment, or making use of the Home Help Service.

Nursing Homes are suffering from staffing problems owing to the shortage of trained nurses who are willing to work in such Homes, and experience great difficulty in providing adequate staff to care for their patients day and night.

DISABLED AND OLD PERSONS' HOMES

On 1.11.49 Sections 37-40 of the National Assistance Act, 1948, came into operation. This Act provides for the registration and inspection of Homes for Aged and Disabled Persons. The Homes to which these regulations relate are those which accommodate the aged, or persons who are blind, or deaf or dumb, or other persons who are substantially and permanently handicapped, by illness, injury, or congenital deformity. At the end of the year no Homes in the County had been registered under this Act.

HOME HELP SERVICE

For many years the County Council had been running a small Home Help Service, primarily for maternity cases. Two or three whole-time resident Home Helps were engaged under the scheme, but when the opportunity arose with the implementation of the National Health Service Act, a successful scheme which had been in operation in the Borough of Penryn was extended to other parts of the County with the help of the

Women's Voluntary Service and the co-operation of district councils and their officials, and in some cases with the Health Area Office.

This enlarged service, which has already proved invaluable, has during the year been extended to meet the growing demand. Twelve new centres were included in the Scheme, which is now operating in 26 centres, namely :—

Bodmin	Wadebridge
Bude-Stratton	Camelford
Camborne-Redruth	Falmouth
Helston	Fowey
Liskeard	Hayle
Newquay	Launceston
Penryn	Lostwithiel
Penzance	Marazion
St. Austell	St. Columb
Saltash	St. Dennis
Torpoint	St. Gorran
Truro	St. Ives
Kerrier	St. Stephen

The services of a home help are available upon the written recommendation of a doctor, nurse or responsible officer, and they are allocated to applicants in the following order of urgency :—

Maternity

Temporary illness in active women (especially where there are children)

Temporary illness in old people

Other cases.

Each case is judged by medical needs only and not by ability to pay. The home help carries out the ordinary domestic work of the housewife, such as cleaning, cooking, mending, shopping, caring for children, but she does no nursing. Home Helps are not sent into homes where infectious disease is present, without the consent of the Medical Officer of Health. Payment for the home help is recovered from the applicant wholly or in part according to the family income.

49 whole-time and 30 part-time home helps were employed and attended 718 cases, compared with 200 cases in 1948. This included three resident home helps to serve remote dwellings, and those areas where a local Scheme is not yet organised. In addition each area has a panel of spare-time home helps who can be called upon in an emergency. Many of these cases would otherwise need hospital accommodation and their children would be sent to Children's Homes.

DENTAL SERVICE

REPORT OF THE SENIOR DENTAL OFFICER

Because the dental inspections and treatment given to school children and to mothers and pre-school children is undertaken by the same dental staff, this report is submitted under two headings.

1. School Dental Service (Education Act, 1944).
2. Mothers and Young Children's Dental Service (National Health Service Act, 1946).

School Dental Service

Whilst during this year under review the general conditions under which dental treatment of school children has been carried out have greatly improved in many dental districts, it is with regret that I report that regular routine inspections and treatment, the main object of a school dental service, have sadly deteriorated.

This state of affairs has been brought about by loss* of staff and inability to attract new dental surgeons into the service, also because of an unusual amount of absence from duty on account of illness. Because employment in other spheres of the dental profession now offers considerably greater financial reward than is obtainable under Local Authorities, it is apparent that if this service is to maintain its efficiency, or even to survive, it will be necessary for consideration to be given to means whereby suitable candidates may be attracted.

Staffing

The complement of staff under the County's dental scheme is one Senior Dental Officer and 12 Assistant Dental Officers, 1 dental technician, 1 dental apprentice, 13 surgery attendants and 1 general clerk, the County being divided into 12 dental districts, each of which contains a school population of over 3,000 children, and will ultimately, it is hoped, be under the care of one Assistant Dental Officer.

Owing to the resignation of Mr. Eagleson on the 11th June, 1949, there has been over a large part of this year a staff of only 1 Senior Dental Officer and 6 Assistant Dental Officers to cope with all the dental inspections and treatment necessary under the County's Dental Scheme, and I have found it necessary to give 250 half-day sessions of my time to Administrative duties.

Dental Centres

The dental centres at Penzance and Falmouth have been newly equipped with modern dental units; equipment of a similar type has also been installed in a surgery at the new County Dental Service Headquarters in St. Georges Road, Truro. These Headquarters were officially

opened by Mrs. M. F. Williams, the Chairman of the Health Committee, and the Mayor and Mayoress of Truro on the 18th October, 1949. Accommodation here comprises a dental surgery, waiting and recovery rooms, Senior Dental Officer's and general offices, store room and dental laboratories, the latter having been removed here from basement accommodation in Strangways Terrace.

Dental Centres, partially equipped because only temporarily housed, have been brought into use at Camborne, Newquay, St. Austell and Hayle, besides which treatment has also been given in several premises rented on a sessional basis. Use of these centres not only avoids working in already overcrowded schools and too frequently disorganising educational arrangements, but as water and electricity are available, equipment can be used that allows a better type of treatment to be given to the children.

Dental Centres are being equipped as accommodation is completed in premises already acquired or rented by the County Council and will shortly be opened for dental treatment at Launceston, Bude, Bodmin, Wadebridge, St. Austell, Liskeard, Penryn, Redruth, Saltash and Callington. In addition, plans for a prototype Health Clinic, providing excellent dental accommodation, have been prepared and will be placed on sites to be acquired at St. Ives, Fowey and Hayle. As equipment is already at hand the dental portion of these clinics will be quickly brought into operation. Premises in which to accommodate the two remaining primary and the subsidiary dental centres are still required in Helston, Newquay, Torpoint, Looe, Padstow and Camelford. In planning the larger main dental centres consideration should be given to the provision of a second surgery, not only to enable a neighbouring dental officer to treat his patients who could most conveniently attend there, but also to meet any future requirements for housing any new type of operating staff, viz : dental hygienists, etc., whose employment is now under review by the Ministry of Health.

Dental Inspection and Treatment

The following remarks are in supplementation of the particulars of the work performed by the County's Dental Officers which are tabulated in the statistical section at the end of this report. During this year 19,292 children received a Dental Inspection and it was found necessary to refer 14,182 for treatment. 9,842 children accepted treatment and of these 9,558 were treated, making 15,884 attendances at the various centres, a total of 7,062 children being rendered dentally fit. 1,786 appointments made for children to attend were not kept, entailing a considerable time wastage. (The outbreak of infantile paralysis was responsible for many broken appointments.) Allowing for 269 Ortho-

dontic cases where treatment has to be extended over one or more years, the difference between the number of children treated during this year, and those made dentally fit, demonstrates the large number of cases dealt with simply by giving casual treatment for the relief of pain. In addition, the fact that out of a school population of 39,375 it has only been possible to deal with 19,292 children during the year, demonstrates how far short the service falls of a requirement to give every child in school at least one annual routine inspection, and, where found necessary, carry out or offer the appropriate treatment. It must also be realized that this lengthy period between routine re-inspections and re-treatment not only causes larger amounts of treatment to be necessary for each child, but too frequently results in loss of teeth on which much time has previously been spent on conservative treatment.

The acceptance rate for dental treatment has been 70% and is a decrease of 3% on last year—but the irregularity with which routine inspection and treatment has been possible and change of dentists will account for this. The rate for children referred for treatment remains fairly constant at 73.5%.

The average number of 76 children inspected at each session of half a day, is a considerable improvement on the average of last year, and although it is less than that obtainable in thickly populated industrial districts where most of the schools contain 1,000 or more children, is quite a fair average when the sparseness of the rural areas is considered, also the large number of schools containing only a few pupils, and the fact that distances between many of these schools is so great that it is impossible to inspect more than two schools in one day of rural school hours. The amount of treatment found necessary per 100 children was :—

Fillings		Extractions		Other Operations	
Perm.teeth	Temp.teeth	Perm.teeth	Temp.teeth	Perm.teeth	Temp.teeth
100	14	16	61	88	56

The amount of time spent in filling temporary teeth has been purposely limited because of staff shortage; these teeth having been treated with Ammoniated Silver Nitrate and Eugonal after rendering cavities self cleansing, has caused an increase in amount of treatment shown under the heading “other operations—temporary teeth.”

The increased number of cases undergoing Orthodontic treatment causes a much larger number under the heading “other operations—permanent teeth”. Under this heading also is recorded dressing to cavities and dentures, impressions, adjustment to orthodontic appliances, root treatment and fillings, pulp cappings, gum treatment and scaling, gingivectomy, fraenectomy, acrylic splints for fractured incisor teeth, jacket crowns, and teeth X-rayed.

Orthodontia

The scheme for Orthodontic treatment has continued during the year, the demand being far greater than could be met; because of the limited staff available to supply routine inspections and treatment, the amount of time devoted to Orthodontic defects had to be limited.

It has proved impracticable successfully to undertake work of this nature unless dental officers have established dental centres, to which all children can be called on special sessions, frequently on Saturday mornings; only officers working in such centres have been encouraged to engage in this work.

269 children have received Orthodontic treatment during the year, 183 of these being new cases and the remainder carried over from previous years. 324 removable and 12 fixed orthodontic appliances have been fitted, 46 cases were satisfactorily completed, 36 cases were discontinued, mainly because of lack of co-operation on the part of patients and sometimes parents too. 109 Permanent teeth were extracted for Orthodontic reasons.

Dental Laboratory

The work carried out has for the most part consisted of preparation of orthodontic appliances, of duplicate and progressive series of models of the mouths of children receiving this treatment; the latter work takes more time in a laboratory devoted to orthodontic work than in one where artificial dentures alone are made.

The work during the year consisted of:—Orthodontic appliances, 324; Repairs to same, 18. Jacket crowns, 3. Acrylic Splints, 3. Duplicate and progressive models, 431. Partial dentures for children who lost front teeth by accident or neglect, 34; Repairs to same, 4.

The plaster room in the dental laboratory is adaptable as a dark room for developing X-ray films, this work being carried out either by the dental technician or surgery attendant.

General Anaesthetics

Owing to staff shortage and lack of suitable accommodation this service has only been possible in the Falmouth, Penzance, Camborne and Truro districts, and during 43 half-day sessions general anaesthetics have been administered by myself to 430 children. As new dental centres are opened this very necessary service will be extended, but it will first be necessary to hold short practical postgraduate courses in modern methods of administration.

and oxygen apparatus which is used in a portable capacity.

New type Walton gas and oxygen apparatus are installed at Penzance, Falmouth, and Truro; also at the latter centre is a Portanaest gas

The administration of general anaesthetic have been on a prolonged type given nasally—thus septic mouths can be cleaned up at one visit.

X-Ray

This service, so essential for successful orthodontic and other clinical treatment, has been advanced during the year by the purchase of 2 apparatus of a transportable type which have been installed in the Truro and Falmouth dental centres, together with arrangements for developing films.

It is now hoped to purchase two more machines of a similar type and instal them, when premises have been completed, at two other main dental centres convenient for mobile dental officers to convey them to other main dental centres at which they are needed and operate them: each of these main centres will be supplied with supports on which the transportable head may be fitted. These centres will also be provided with dark rooms and so enable the dental officer to have his own films developed.

As a temporary measure the hospital authorities at Penzance and Redruth have been most helpful in taking X-Ray films for dental Officers operating in those dental districts, whilst the Royal Cornwall Infirmary at Truro have been most co-operative in taking any extra-oral films I have needed, the apparatus installed by the County being supplied mainly for skiagrams of an intra-oral nature.

190 school children have had X-ray films taken during this year.

Incidence of Caries

At the request of the Ministry of Education, through Dr. Wynne, one of their Medical Inspectors, the following report on the caries incidence among children five years old is shown in the table below:—

Dental Officer	Dental District	No. of children inspected	No. found totally sound	Teeth found to be			Type of District.
				Decayed	Missing	Filled	
Mr. Patterson	Falmouth Penryn	263	88	757	19	20	Larger Cornish Town. Docks
Mr. Eddy	St. Austell	418	107	1443	318	85	Agricultural. Town. Country
Mr. W. K. Batten	St. Agnes	348	140	916	48	1	clay workers. Town. Country
Mr. W. H. Ellam	Hayle	348	114	644	19	20	Agricultural Mining. Town. Country
Mr. E. Townend	Penzance	50	3	205	41	2	Agricultural. Town. Country
	Liskeard						Agricultural.
	Saltash						
	Launceston-Bude						
TOTALS		1427	452	3965	445	128	

Extracts from Reports received from Assistant Dental Officers

All comment on the poor condition of the teeth of children entering school. One officer remarks that "on balance, there has been more to do, and, because of the longer intervals between visits treatment has been more extensive on individuals. Considering that I myself have an area that had two School Dental Surgeons some years ago and that the 'priority' system has doubled the number of prospective patients, it would be inaccurate to suggest that more than a proportion of the requisite treatment has been given." Another dental officer who has had his routine work interfered with least of any, say "Dental conditions are steadily improving amongst the older children although there is a considerable amount of work among the new entrants, consequently preference is being given to infant schools. Now that the children are getting more regular treatment I am going round the schools more quickly and it is hoped to complete the area within two years." Another officer with a very large area to look after says "An average of four fillings a session might be considered rather low. This has no doubt been caused by shortage of staff, which has necessitated attendance at numerous clinics covering a large area, doing work chiefly of a casualty nature. This interferes with routine work and causes lack of interest on the part of the operator, and the school staffs, not to mention the patients." Another dental officer remarks "Of the children entering school at the age of 5 years, only 22 out of each 100 were dentally fit, a fact which emphasizes the need for earlier inspection and treatment, a service which I am endeavouring to develop side by side with the treatment given to Mothers."

Mothers and Young Children's Dental Service

It has been possible to develop this service in three Dental Districts only—Penzance, Falmouth, and (since October) Truro—because only in these three places in the County do suitably equipped premises exist in which it is fair to give treatment to this section of the priority classes, or to expect dental surgeons to carry it out. The amount of work entailed during 170½ sessions is shown in the following table.

Expectant & Nursing Mothers				Children under five
(a) Numbers provided with dental care—				
Examined	...	...	148	184
Needing treatment	...	...	111	151
Treated	...	...	100	121
Made dentally fit	...	...	50	97

Expectant & Nursing Mothers				Children under five
(b) Forms of dental treatment provided—				
Extractions	...	...	422	65
Anaesthetics :—				
Local	...	...	34	11
General	...	...	38	22
Fillings	...	...	173	130
Scaling and Gum treatment		...	200	—
Silver nitrate treatment		...	—	56
Dressings	...	...	180	—
Radiographs		...	6	—
Dentures provided :—				
Complete	...	...	30	—
Partial	...	...	42	—

As explained under Section I of this report, a central dental laboratory exists at the County's Dental Headquarters at Truro and all mechanical work is forwarded there for processing and is supervised by the Chief Dental Officer. The same applies to any Orthodontic work undertaken for the under five year olds. This treatment is being developed along preventive lines—in that habits adopted by children which are likely to result in irregularity of the teeth or malocclusion can be taken in hand and arrested either by fitting appliances of an intra-oral or extra-oral type—and sometimes by explaining methods of procedure to parents.

Facilities for X-ray examination are supplied as under Section I of this report.

I wish to express my thanks to Head Teachers and the Medical and Dental staff whose co-operation has been so helpful, especially through the difficult times which this dental service is experiencing just at present.

AMBULANCE SERVICE

The attention of all concerned with the Ambulance Service has been primarily occupied during the year by observing embarrassing increases in the demand upon the Service, and in devising means of meeting these increases with the resources available. As month by month the totals have risen, a close examination of the causes and nature of the rise has been made, and much thought has had to be expended upon the probability of further increases and the direction in which expansion would become necessary.

The average monthly mileage reported in the year 1948 was :—

17,097 miles per month in the Main Centres, and 13,748 miles per month for Country Centres.

The following figures for the year 1949 will give an indication of the care which has had to be exercised in the disposition of the 25 ambulances and 12 utilecons authorised by the Proposals :—

Month	Main Centre Ambulances		Country Centre Ambulances	
	Miles	Patients	Miles	Patients
1949				
Jan.	18,392	1,224	12,612	475
Feb.	17,614	1,094	12,414	525
March	20,400	1,366	12,409	611
April	21,315	1,429	10,118	432
May	22,641	1,598	12,156	402
June	23,745	1,691	11,792	370
July	28,476	1,912	10,752	290
August	28,113	2,001	9,538	292
Sept.	29,333	2,110	9,362	295
Oct.	29,806	2,156	7,437	236
Nov.	33,477	2,739	7,818	266
Dec.	29,575	2,598	5,760	154
	<hr/> 302,887 <hr/>	<hr/> 21,918 <hr/>	<hr/> 122,168 <hr/>	<hr/> 4,348 <hr/>

In spite of the burden which the ambulances have had to carry, no serious failure in the arrangements has come to the notice of the County Council, and the number of complaints received has been markedly small.

Centralised Call-Out and Control System

One of the essentials in stretching the resources of any Transport Service to meet a growing need is a system whereby all demands upon the Service are made at one or more controlled points so that the possibility of co-ordination in the use of vehicles may be exploited to the utmost.

In the County of Cornwall, prior to June, 1948, it had been the practice for persons requiring an ambulance to telephone to the nearest voluntary ambulance station. The result of continuing this practice when the Ambulance Service became the responsibility of the County Council was that ambulances were leaving their stations in remote parts of the County, converging upon the main hospitals and in many cases returning empty to their garages.

This state of affairs was brought to an end on 9th May, 1949, when a centralised call-out and control system was established. Each of the seven Health Area Offices was equipped with a special ambulance emergency telephone and for the periods when Area Offices were closed, arrangements were made for emergency calls to be passed to the Control Room of the County Fire Service which is manned continuously. The arrangements made it possible to announce that any person who requires an ambulance in an emergency has only to go to the nearest telephone, and having carried out the procedure laid down for calling emergency services, he will be connected without delay to the appropriate ambulance control point, with the certainty that the nearest available ambulance will be despatched at once to the scene of the emergency. The announcement was made by the issue of a pamphlet to all in the County who might be expected to call an ambulance; by publicity in the Press and by mention in the B.B.C. News.

When a means existed whereby all ambulance calls could be received at special control points, it became possible to design a system by which the return of patients from hospitals could be undertaken by ambulances bringing patients in. Because of the proximity of Redruth and Truro (where the two largest hospitals of the County are situated), and because accommodation was available at Truro, the latter was chosen as the locality for the Central County Control Centre for the co-ordination of day-time ambulance journeys. It is probably largely owing to the co-ordination of transport that the Service has been able to carry its increasing burden without serious interruption.

The control system is not yet complete for the eastern part of the County because the hospitals to which the majority of the vehicles are sent lie outside the County boundary. The Plymouth Ambulance Authorities have been most co-operative, and the Plymouth Hospital Authorities have expressed an interest in the Cornwall Control arrangements which may well foreshadow the setting up of some similar system within the Plymouth area.

Maintenance and Servicing

The mechanical strain upon the vehicles in the Service has been a source of some anxiety throughout the year. Many of the Main Centre ambulances (which bear the major portion of the load) were by no means new when they were purchased from the Voluntary Agencies, and the scarcity of replacement vehicles made it of the first importance that the ambulances received due servicing and maintenance.

Responsibility for the servicing and maintenance of all County-owned vehicles rests primarily with the County Fire Service whose

mechanics visit Main Centres at regular intervals. It would, however, be unreasonable not to mention that the interest in maintenance displayed by most of the drivers has done much towards keeping the vehicles on the road.

Vehicle Strength

At the commencement of the year there were 5 ambulances due for replacement, and it was apparent that if the Service was to run the increased number of miles demanded of it, some more ambulances would be unable to stand the strain.

The long wait required by modern conditions before a new ambulance can be delivered presented a further problem. 5 of the standard makes of ambulance—a Morris, a Carrier Kommer, 2 Austin Welfarers, and an Austin Welfarer chassis on which a Lomas body was built—were delivered during the year, and the remaining requirements were met with the co-operation of a local coach builder who placed upon chasses purchased for the purpose, an ambulance body which is in some ways more suited to the needs of Cornwall than any of the standard makes. A chassis was found to be easy to get without too long a delay, so that during the year, 4 of these special Cornish ambulances were put into service and have proved continuously satisfactory.

In October three vehicles which had been loaned to the County Council by the Voluntary Aid Organisation were withdrawn from the Service and 5 old ambulances were sold at scrap prices.

Volunteer Manning

With one exception, the arrangements whereby personnel of the Voluntary Agencies man ambulances at night and at weekends, have continued satisfactorily, and have justified the confidence placed by the County Council in the keenness of the St. John Ambulance Brigade and British Red Cross Society personnel.

The exception is Truro, where in October the St. John Ambulance Division announced their intention of withdrawing from the Service at very short notice. In view of the volume of work and the fact that the ambulance could be based on premises adjacent to the Control Room, it was felt that the introduction of a 24-hour service for one ambulance was justified, and Truro has therefore had this service since 8th October, 1949. It is unlikely that the withdrawal of any other Division in the County would have left unfulfilled a demand sufficiently large to justify the introduction by the County Council of a 24-hour service.

Long Distance Transport

In a County to which a number of people come for recuperative reasons, a certain amount of long distance transport is only to be expected. The year 1949 has not been exceptional, and the relative statistics are as follows :—

	1948	1949
No. of patients carried in ambulances ...	48	214
No. of miles covered	10,547	33,850
No. of railway journeys arranged ...	43	203

Use of Ambulances

In addition to the figures given at the head of this Section, the following are statistics relating to the ambulances as a whole :—

No. of Ambulances at 31.12.49 :

(a) C.C.C. Main Centres—28. Average monthly mileage, 25,240.

(b) V.A.'s Country Centres—23. Average monthly mileage, 10,181.

Total number of patients carried during 1949—all ambulances—26,266.

Total number of miles travelled during 1949—all ambulances—425,055.

Sitting Case Car Service

It may be noticed that to accord with the development of the Service, the heading of this section of the Report has been altered from "Hospital Car Service". This is in no way a reflection upon the work of a Voluntary Organisation without whose loyalty and co-operation a vast number of sick people would have had to be refused transport. The change in title is made because the Hospital Car Service is now augmented by County-owned Bedford Utilecon vehicles which, while capable of conversion to single stretcher ambulances, are primarily constructed to carry six sitting cases.

At the commencement of the year only 3 of these vehicles were employed in the County Service, and were being used not as sitting case cars, but until urgent repairs and replacements were carried out, as relief ambulances. In these early months, the Hospital Car Service mileage soared upwards until in May it reached the figure of over 100,000 miles.

The establishment of the central Control system (also in May) made it possible to contemplate combining some of the journeys requested for sitting case cars, and efforts were made by the use of the Utilecons then

available to relieve the Hospital Car Service of some of the pressure being placed upon it.

These efforts proved successful, and as more Utilecons were added to reach the total of 12 authorised by the Proposals made under the National Health Service Act, the burden of transport was more fairly borne between the County full-time staff and vehicles and the Hospital Car Service volunteers and their private cars. It is, however, important to stress that, especially in remote country districts, the voluntary services of the Hospital Car Service drivers continue to form an integral part of the medical transport arrangements of the County.

Set out below are statistics showing the work done by the Service :—

					Mileage	No. of Cases carried
Prior to 5th July, 1948—monthly average ...					17,522	670
Year 1948—monthly average ...					43,307	1,725
1949						
January	...	...	...	...	82,030	3,170
February	...	...	...	...	77,226	3,233
March	...	...	...	...	92,991	4,003
April	...	...	...	...	82,702	3,600
May	...	...	...	...	101,934	4,511
June	...	...	...	...	94,213	4,077
July	...	...	...	...	98,707	4,540
August	...	...	...	...	93,657	4,399
September	...	...	...	...	94,207	4,721
October	...	...	...	...	92,469	4,622
November	...	...	...	...	88,307	4,537
December	...	...	...	...	82,378	4,664
					<hr/> 1,080,821 <hr/>	<hr/> 50,077 <hr/>

Co-operation with the Demanding Authorities

The May figure for the Hospital Car Service would certainly make it appear that the efforts being made to reduce the demand upon the Service both by the County Council and by the Hospital Authorities were meeting with little or no success. A month later, however, the resulting arrangements for co-ordination and administrative control began to become more apparent. By the end of the year, results were obtained which showed that the number of applications for transport, although rising, was under control and that the number of miles travelled had been controlled at a level lower than that of the first six months.

Survey of the Ambulance Service

The control of the demand upon the Service effected by the co-operation referred to above has made it possible to set about a revision of the Proposals which will make the Service more comparable with the known demand.

For this purpose a comprehensive survey is being carried out in each of the Health Areas. Trial weeks have been selected and a detailed examination made of the work of the Service in these weeks. This information, together with statistics spread over the whole period since the Appointed Day, will form a basis sufficiently reliable for the purpose of revising the Proposals.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Table III at the end of the Report shows the number of cases of Infectious Disease notified in each Sanitary District in the County during the year, and Table IV gives the total number of cases notified in recent years.

Smallpox

Four cases of Smallpox were notified during the year, the first cases to occur in the County since 1927, when a case was imported from Morocco into the Liskeard Rural District and a contact in the Liskeard Municipal Borough also developed the disease. Both the 1927 cases were mild and the patients recovered.

The cases which occurred in 1949 were of a virulent Asiatic type of smallpox, introduced into the country by contacts of an elderly man who probably contracted the disease in Bombay, and who died aboard the S.S. Mooltan on 1st April. The diagnosis of smallpox was not made until the ship entered the Port of London on 2nd April. The passengers and crew numbering some, 1,400 persons were, with few exceptions, vaccinated and dispersed to their homes on 2nd April. The delay in establishing the diagnosis and consequent delay in vaccinating contacts resulted in a number of secondary cases occurring throughout the country, one of whom was admitted from Torquay to the Liskeard Smallpox Hospital where she died on 24th April.

On 7th May, an unvaccinated woman who had developed a rash on 4th May, was admitted from a village a mile away from the hospital, and subsequently three family contacts of this patient developed the

disease. These contacts, however, had been promptly vaccinated and were in fact admitted to an isolation hospital before the disease developed, so that the development of secondary cases from these cases was prevented.

One result of the cases in 1927 was that some 2,000 persons in the area were vaccinated or re-vaccinated, and in 1949 over 6,000 local residents were similarly protected.

The work of vaccination is almost wholly being carried out by General Medical Practitioners, although arrangements are in operation for the work to be done, where necessary, by members of the County Council's Medical Staff. 148 family Doctors are taking part in the Council's Vaccination Scheme, under which lymph is supplied free of charge from the Public Health Laboratory Service.

Diphtheria

There were only 3 confirmed cases of diphtheria notified during the year, and all recovered. This is the lowest number of cases ever recorded in the County. One death was attributed to this disease, but in this case it was due to an attack of diphtheria 36 years ago which left the patient with a heart condition to which she eventually succumbed.

To maintain the present satisfactory position in regard to this disease it is essential that the campaign for the protection by immunisation of all school-children should be pursued with the utmost vigour.

Immunisation against diphtheria is being carried out by the General Medical Practitioners taking part in the County Council's Vaccination and Immunisation arrangements, who are supplied with antigens from the Public Health Laboratory Service, and by the Assistant School Medical Officers who carry out the work in the Child Welfare Centres and Schools.

Poliomyelitis and Polioencephalitis

110 cases were notified during the year, as compared with 17 in the previous year, and there were 11 deaths.

The following is extracted from an article by Dr. E. R. Hargreaves, the Deputy County Medical Officer, which was published in the *British Medical Journal* for April 15th, 1950.

"During 1949, 110 cases of poliomyelitis occurred in Cornwall, giving an incidence of 0.3 per 1,000 of the population, a little less than double the rate for England and Wales in 1947. The age distribution over the county as a whole was normal—namely, approximately one-third under school age, one-third 5 to 14, and one-third 15 and over. Distribution of the first 100 cases is shown in Fig. 1.

COUNTY OF CORNWALL

1947 & 1949 INCIDENCE OF POLIOMYELITIS

1947 ▲ 1949 ●

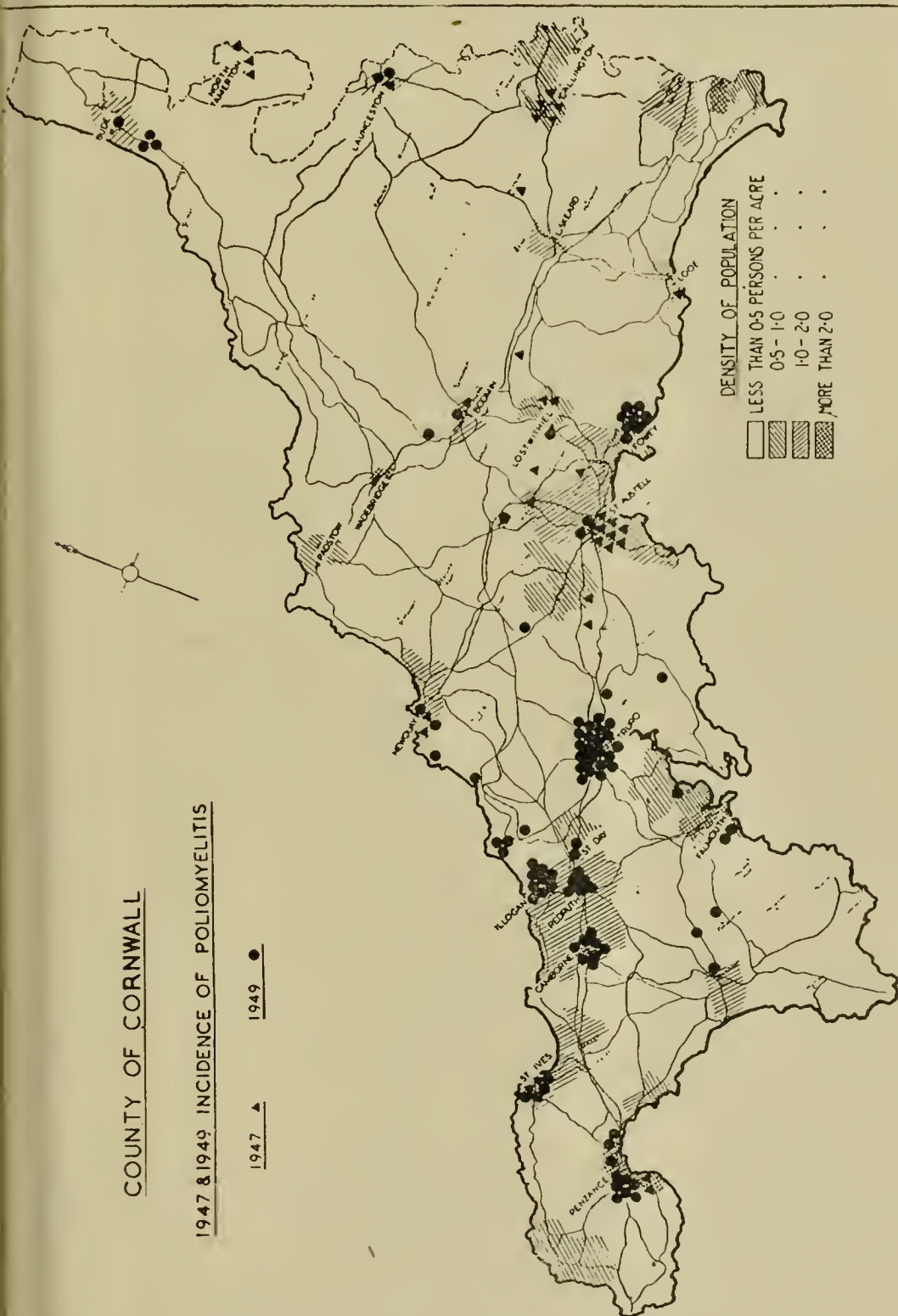


Fig. 1.—Distribution of cases of poliomyelitis occurring in Cornwall in 1947 and 1949.

It will be noted that there are four main centres of infection in the county, Camborne-Redruth, Penzance, Fowey, and Truro. It is interesting to compare this distribution with that of 1947 and to note that areas most affected in that year were relatively free of the disease in 1949.

The Camborne-Redruth outbreak was the first in the county; indeed, other than Newhaven, it was the first group of cases in the country. On June 21st three cases of paralysis were notified in Illogan, a village some four miles from Redruth. During the subsequent two months 21 further cases occurred in the Camborne-Redruth Urban District, and one at Truro School. An interesting feature of this small outbreak was the age group affected, 56% being under 5 years old.

The outbreak was for some time confined to the village of Illogan, and it seemed certain that the source of infection was close at hand. Of the three initial cases, two were pupils at the Illogan Infants' School, and the other, a child of 3, had an elder sister there. Careful investigation of the food supply and hygiene of the school together with the movements of staff and pupils failed to uncover any possible origin of the outbreak.

Consideration was given to the possibility of the importation of the virus from outside, but no visitors had stayed in any of the affected houses during the previous six weeks, nor had the occupants been away on holiday. Two old cases of poliomyelitis were known to be present in the district, but as it was two years since they contracted the disease the possibility of their still carrying the virus seemed remote.

Five more cases occurred in Illogan, all intimately connected with the school, four being pupils; the fifth, a child of $2\frac{1}{2}$, had a brother at the school.

From Illogan the disease spread to Camborne and Redruth, Truro, and St. Day. When peripheral spreading occurs it is usually fairly easy to trace the origin of the first case. In Redruth, for instance, a case was notified on June 29th, and on June 30th, two boys in an adjoining house developed paralysis. The two families had gone by bus to Portreath beach on June 20th and again on June 21st. The bus route is through Illogan, and many children from the village had joined the bus.

The first case in Camborne was admitted to the Isolation Hospital on July 8th. The patient was a cousin of an Illogan case, and his aunt, in spite of warnings, had visited his home on two occasions, the last being eight days previously.

One solitary case was reported from Truro School; the boy developed paralysis on July 12th, the infection being possibly contracted on June 25th when he went to a large religious meeting at Gwennap Pit, near St. Day, and subsequently spent the evening in Redruth.

Two cases occurred in St. Day; both had had indirect contact with Illogan.

At Fowey the outbreak started with a burst at the beginning of August, when five children developed paralytic poliomyelitis within 48 hours of one another. Again it was the pre-school children that suffered, four of the five cases being under 5 years. of age. The area M.O.H. investigated this outbreak in great detail but could find no common factor. The water supply was extremely low at the time, but reports proved satisfactory. The boiling of water and milk was advocated.

The stage seemed set for a serious outbreak, but only three more cases occurred in the town, all developing paralysis two weeks later. One was an indirect contact through her sister with a previous case. The interval was 16 days, which allowed time for the virus to become established in the sister although she developed no symptoms suggestive of abortive poliomyelitis. The other two cases were close contacts, both working in the local chemist's shop.

It is fascinating, but often extremely difficult, to trace the origin of outbreaks such as occurred at Fowey. One felt that some connexion with the Camborne-Redruth cases probably existed, and searched accordingly; but in mid-August a letter from Dr. A. M. McFarlan, of Cambridge, told of a clerk from Cambridge and her fiance who visited Polruan for their holiday on July 24th, leaving again on August 9th. While there the son of the hotel proprietor was ill for two days with symptoms suggestive of abortive poliomyelitis, and within a few days of returning to their homes—the girl to Cambridge and her fiance to Scunthorpe—both these visitors developed paralytic poliomyelitis.

A visit unearthed the history of two further visitors to Polruan who developed poliomyelitis after returning home, the earliest date being June 27th, six weeks before the onset of the Fowey cases and approximately the same date as the beginning of the Illogan outbreak, some 40 miles away.

A violent focus of infection appeared in the city of Truro (population 12,950) at the beginning of September. Two cases of paralysis were reported on September 11th, and in the subsequent 10 days 12 more patients were admitted to the County Isolation Hospital.

In all, some 20 cases occurred in Truro and a further seven in the surrounding villages. Paralysis was severe, particularly in early cases, four of which proved fatal.

The outbreak in Truro presents certain interesting features suggestive of water-borne infection, namely, (1) the high age group attacked: the accompanying table shows the age groups of cases in Cornwall as a whole compared with those of the local outbreaks at Illogan and Truro.

	Cornwall	Illogan Area	Truro Area
Age Group	(110 Cases)	(25 Cases)	(27 Cases)
0— 4 ...	38%	56%	22%
5— 9 ...	25%	28%	19%
10—14 ...	6%	—	7%
15+ ...	31%	16%	52%

It will be noted that 52% of the Truro patients were over 15 years of age. (2) A history of direct or indirect contact with previous cases was remarkable for its absence. (3) The cases were evenly distributed over the town. (4) The explosive nature of the outbreak and abrupt cessation after superchlorination of the city's water supply (Fig. 2)."

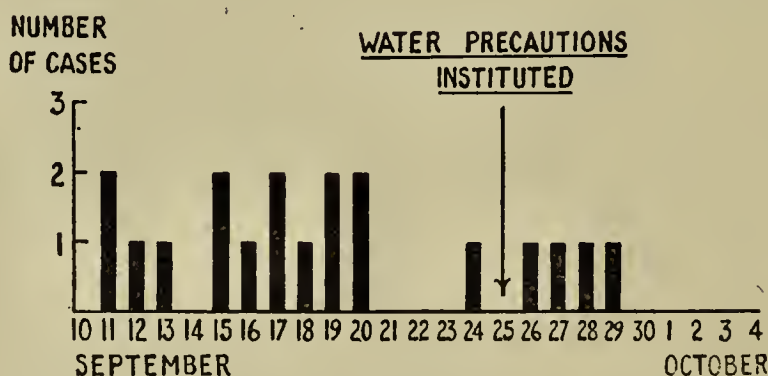


Fig. 2.—Incidence of poliomyelitis in Truro City.

The prevention of poliomyelitis presents many problems which cannot be solved until more is known about the biology of the poliomyelitis virus. During epidemic years this virus has been demonstrated to be present as a harmless inhabitant of the intestines of a large proportion of the residents of an affected area, but only occasionally does it gain entry to the nervous system and so cause paralysis. We do not yet know what determines the susceptibility of a particular individual to attack, and in this lies the key to prevention.

Meanwhile, experience gained in Cornwall has taught us much of use for fighting future outbreaks. Poliomyelitis is an intestinal disease, the virus usually being passed from hand to mouth as a result of lax personal hygiene. This is particularly common in school outbreaks and in consequence every effort is being made to improve the latrine and washing facilities in schools throughout the County so that a high standard of personal hygiene can be demanded.

Less commonly, the disease may spread by the contamination of a water or milk supply, and these commodities must therefore be above suspicion.

Scarlet Fever

214 cases were notified, as compared with 176 in the previous year. No deaths occurred in either year.

Enteric Fever

There were no notifications of Typhoid during the year as compared with 2 cases in the previous year. One case of Paratyphoid occurred—there was one case in the previous year.

Cerebro-spinal Fever

2 cases of this disease occurred in male infants, and both proved fatal. There were 4 cases in the previous year, with no deaths.

Measles and Whooping Cough.

3,569 cases of Measles with 1 death and 641 cases of Whooping Cough with 1 death occurred during the year, as compared with 2,286 cases of Measles with 1 death and 1,383 cases of Whooping Cough with 1 death in the previous year.

County Isolation Hospital, Truro

I have continued to act, on behalf of the Regional Hospital Board, as Medical Superintendent of the County Isolation Hospital for the purpose of correlating and expediting admissions. This arrangement is of the utmost value having regard to the fact that I am responsible for the protection of the public health, while the Board has the duty of providing hospital accommodation.

TUBERCULOSIS

At the end of the year, 1,981 cases of tuberculosis remained on the notification register. This figure includes 309 cases notified during the year, as compared with 287 cases notified during 1948. The following table shows the new cases notified and the mortality from tuberculosis during 1949.

New Cases and Mortality during 1949

Age Period	New Cases Notified				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 ...	—	—	—	2	—	—	1	—
1— 5 ...	3	4	4	2	—	1	2	2
5—15 ...	9	13	10	5	1	—	2	3
15—45 ...	92	86	10	8	37	31	3	4
45—65 ...	32	14	3	1	27	11	2	1
65 and over	5	4	—	2	15	4	1	2
	—	—	—	—	—	—	—	—
	141	121	27	20	80	47	11	12
	—	—	—	—	—	—	—	—
	262		47		127		23	
	309				150			

The notifications of non-respiratory tuberculosis were as follows :—

	1945	1946	1947	1948	1949
Bones and Joints ...	8	9	13	21	11
Glands ...	10	8	7	4	21
Meninges ...	5	2	3	5	5
Abdomen and Peritoneum	3	4	1	2	4
Kidneys and Bladder ...	2	2	—	2	2
Others ...	6	1	4	1	4
	—	—	—	—	—
	34	26	28	35	47
	—	—	—	—	—

The following Table shows the changes which have taken place in the mortality from respiratory tuberculosis and other forms of tuberculosis, during recent years :—

Year	CORNWALL			CORNWALL			ENGLAND & WALES		
	Number of Deaths			Death Rates			Death Rates		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
1931	203	61	264	0.65	0.20	0.85	0.72	0.16	0.88
1932	205	39	244	0.65	0.12	0.77	0.67	0.15	0.82
1933	205	46	251	0.65	0.15	0.80	0.67	0.13	0.80
1934	214	43	257	0.68	0.14	0.82	0.61	0.13	0.74
1935	154	49	203	0.49	0.15	0.64	0.59	0.11	0.70
1936	159	45	204	0.51	0.14	0.65	0.56	0.11	0.67
1937	168	28	196	0.55	0.09	0.64	0.56	0.11	0.67
1938	150	44	194	0.49	0.14	0.63	0.52	0.10	0.62
1939	147	33	180	0.48	0.10	0.58	0.52	0.10	0.62
1940	169	41	210	0.51	0.12	0.63	0.56	0.11	0.67
1941	156	44	200	0.42	0.12	0.54	0.57	0.13	0.70
1942	142	35	177	0.41	0.10	0.51	0.50	0.11	0.61
1943	155	46	201	0.47	0.14	0.61	0.51	0.10	0.61
1944	132	29	161	0.41	0.09	0.50	0.47	0.10	0.57
1945	136	42	178	0.43	0.13	0.56	0.47	0.09	0.56
1946	132	39	171	0.41	0.12	0.53	0.45	0.08	0.53
1947	138	28	166	0.43	0.09	0.52	0.46	0.08	0.54
1948	112	32	144	0.34	0.10	0.44	0.44	0.07	0.51
1949	127	23	150	0.38	0.07	0.45			0.45

The dispensary register, on which there were 2,024 cases at the end of 1949, is the responsibility of the Regional Hospital Board, but the essential liaison between the dispensaries and the Health Area Offices is secured by the attendance of Health Visitors at the dispensaries.

The Tuberculosis Officer, Dr. J. G. Cairns, has supplied the 1949 figures in the table below which shows the cases diagnosed at the dispensaries for the past 20 years.

NEW (DEFINITE) CASES.

Year	Respiratory				Non-Respiratory				Respiratory and Non-Respiratory
	Men	Women	Children	Total.	Men	Women	Children	Total	Total.
1930	94	92	10	196	13	12	15	40	236
1931	107	95	9	211	9	10	8	27	238
1932	102	92	6	200	8	15	15	38	238
1933	103	73	7	183	13	7	4	24	207
1934	91	74	5	170	12	18	15	45	215
1935	87	51	2	140	8	10	8	26	166
1936	77	66	5	148	7	5	6	18	166
1937	79	60	9	148	12	4	6	22	170
1938	92	56	3	151	17	11	14	42	193
1939	74	64	6	144	10	13	18	41	185
1940	93	68	7	168	10	5	15	30	198
1941	97	68	6	171	9	6	21	36	207
1942	126	58	5	189	7	5	14	26	215
1943	104	67	5	176	10	13	19	42	218
1944	93	64	—	157	4	17	21	42	199
1945	135	82	1	218	11	4	9	24	242
1946	94	85	3	182	7	7	11	25	207
1947	154	89	28	271	18	20	27	65	336
1948	184	133	43	360	14	19	38	71	341 431
1949	151	128	32	311	10	14	25	49	360

As I said in my Report for last year, it is difficult to know how to interpret the violent fluctuations in the number of new cases diagnosed at Dispensaries during recent years. There has been a falling-off during the year 1949, and the heavy rate for the previous year has not been followed by any substantial increase in the death rate from the disease, which remains within .01 per thousand of the record lowest death rate recorded in the year 1948.

There is therefore no reliable evidence of an increase in the incidence of the disease, and it may well be that the improved Dispensary Service during recent years has brought to light a higher proportion of cases than were known during previous years.

It would, however, be wrong to view the present position with any complacency. Tuberculosis is a disease which does great damage among the young adult population in this country, and although it is not particularly rife in Cornwall, no effort must be spared to bring this disease under the same degree of control as we have obtained over Diphtheria.

CARE AND AFTER-CARE

Tuberculosis

The environmental circumstances of each newly notified case of tuberculosis are reported upon by a Health Visitor unless the medical

practitioner indicates that he does not wish the patient to be visited. The Health Visitor arranges for the patient and contacts to attend at the nearest dispensary, where the report is available to the Tuberculosis Officer.

If a domiciliary visit is necessary, this is arranged by the Health Visitor. The Tuberculosis Officer refers appropriate cases to the National Assistance Board, issues any certificates required, (e.g. for the exclusion of a child from school), and advises the Health Area Office of any such action taken by completing a report form which is forwarded with the report on home conditions and also contains any recommendation the Tuberculosis Officer may wish to make regarding re-housing, the loan of a shelter, bed or bedding, or the grant of extra nourishment, etc.

Recommendations for after-care are made on purely clinical grounds and the decision whether it should be provided by the County Council is made by the Assistant County Medical Officer after investigation of the financial circumstances of the patient.

125 patients received after-care grants during the year, and 84 were in receipt of grants at the end of the year.

The closest co-operation between the Health Area Office and the National Assistance Board ensures that everything possible is done to secure the social and physical welfare of patients and their families through the financial assistance of the Board and the after-care service of the County Council.

The Tuberculosis Officers, who are responsible for the treatment of tuberculosis, are concerned also with preventive and care work, and are accordingly appointed jointly by the Regional Hospital Board and the County Council.

The nursing of patients in their own homes is undertaken by the County Council's District Nurses and nursing requisites are available from the nurses' loan cupboards.

In addition to the liaison with the National Assistance Board referred to above, close co-operation is maintained with Welfare Officers and with the Children's Officer, who has done invaluable work in arranging for the care of children of tuberculous parents who would be exposed to considerable risk of infection if allowed to remain in their own homes; for the temporary care of children to facilitate the institutional confinement of the mother where this has been necessary for medical or environmental reasons; and in many other directions where the duties of the Children's Department are related to the work of the Health Department.

Workshops and Settlements—The County Council has undertaken financial responsibility for the training of two patients in Papworth Village Settlement.

Care and After-Care of Other Types of Illness—Illness generally—During the year under review much has been done to co-ordinate the health visiting, home nursing and home help schemes and to establish close co-operation between these services and the almoners of local hospitals. Co-operation has also been established with the Welfare Officers and the Children's Officer, the Area Officers of the National Assistance Board and other official and voluntary agencies.

PREVENTIVE MEDICINE

The coming into operation of the National Health Service Act, 1946, was an important land-mark in the history of the Health Department, and Section 28, which is undoubtedly the most important section of Part 3 of the Act, placed upon the County Council the task of preventing illness, and a new section of the Health Department was set up to deal with epidemiology and preventive medicine.

One of the first tasks of this new department has been to enlist the help of Consultants and General Practitioners in the County, without whose willing co-operation no Preventive Medicine Department can thrive. The response has been excellent, all branches of the profession being keen to assist.

In work of this nature, results are only obtained after years of routine work, and with this in mind I have instituted a brief bulletin which is circulated to general practitioners every two or three months informing them of progress made and giving details of any interesting outbreaks of infectious disease which may have occurred.

An essential prerequisite in the prevention of disease is some measure of its prevalence. This involves surveys of the incidence of various forms of disease and research into the causes, and must take account of social, economic, geographical and many other factors. A study of the types of illnesses which prevent people doing their normal work may well be informative, and the Ministry of National Insurance now advises me of the number of new claims to sickness benefit made each week. I expect later to obtain more detailed information from this source as to the reasons for these claims.

Our knowledge of the causes of disease is still seriously limited in many directions, and much attention has been given in recent years to the part played by trace amounts of certain elements. That some of the elements in small amounts are necessary to human health has long been established, for example, iron deficiency produces anaemia and the association of iodine deficiency with the incidence of goitre is now generally accepted. It is also known that man is affected by the lack of a trace amount of copper, and by excess or deficiency of fluorine.

Only a small number of the elements have so far shown this faculty

for trace action, and in the main they are metallic elements. Most of them are beneficial though fluorine (non-metallic) can be both beneficial or harmful according to the size of the trace. The possibility of a "trace" action has been excluded for a great many elements, but there remain many where the possibility has not yet been determined.

There is obviously here a vast field for research, and Cornwall, which is rich in metals, should be able to contribute largely to this work, especially as her metals are distributed in well-defined strata.

Disseminated Sclerosis is a nervous disease characterised by shakiness of the hands and disturbances of vision, which occurs in young adults of both sexes and is of a progressive nature. Little is known of the cause of the disease although writers on the subject have noted that it is apt to occur in certain localities and that it may be of an infective nature. It is also known to be in some way connected with "swayback", a disease of sheep due to a copper deficiency in their diet. As laboratory workers on "swayback" have on more than one occasion developed disseminated sclerosis, it appears that some useful purpose may be served by ascertaining the incidence of the disease in this county and whether any particular areas are more prone to it than others. If copper deficiency is a factor in its causation, then in Cornwall we should expect to find it in copper-free areas.

The assistance of Dr. N. S. Alcock, the Regional Hospital Board Neurologist to this area has been sought, and he is informing me of all cases of disseminated sclerosis he sees and the patients' home addresses. The patients are then seen to find out where they were residing when they contracted the disease in order that any grouping of cases may be investigated.

Pernicious Anaemia—A similar investigation is being carried out on Pernicious Anaemia, a severe type of anaemia now treated with liver extracts. Recent research has shown that the active principle of these liver extracts is a substance which carries a high percentage of cobalt, and it is therefore possible that Pernicious Anaemia may prove to be a trace-element deficiency disease.

Tapeworm—There has recently been a considerable increase in the incidence in cattle of the larval stage of the beef-tapeworm. Man becomes infected with tapeworm by eating inadequately cooked meat containing these larvae, the adult parasite developing in the small intestine. The infection in cattle derives from feeding on pasture infected by man with the eggs of the tapeworm. Man is the only host of this tapeworm and must therefore be the source of the infection of cattle.

The condition in man is widespread on the Continent and throughout India and Africa, and it is thought that pasture land in this country

may have become infected by German prisoners of war or foreign troops who were camped or employed on farms during recent years. Another possible source of infection is the increasing use as manure of sewage sludge, in which it has been shown that tapeworm eggs can live as long as six months, but this practice does not appear to be very common in Cornwall.

Every effort is being made to break the life cycle of this parasite by detecting the larval stage in slaughtered cattle, but it is, of course, equally important that sources of infection of pasture should also be detected and that any infected persons discovered should undergo medical treatment.

The condition in cattle is being notified to me by the Meat Inspectors, and a search is then made at the farm for any infected employees. I have also asked the physicians in charge of the various hospitals in the County to let me know of any cases of tapeworm they discover amongst their patients.

Acute Rheumatism. On the 1st January, 1949, there were 121 children (3.3 per 1,000 of the school population) in Cornwall, whose activities were restricted by cardiac debility. The cases were classified as follows :

Rheumatic Carditis	...	...	62
Congenital Heart Disease	...	...	53
Other Cardiac Diseases	...	...	6
			<hr/>
			121
			<hr/>

From the preventive angle, nothing can be done for the cases of Congenital Heart Disease, but it is established that early recognition and treatment, followed by graduated exercise after prolonged convalescence may save a rheumatic child from becoming a chronic heart case. It was decided therefore to enlist the assistance of the Medical Specialists and General Practitioners in the County with the object of securing this early diagnosis and treatment.

A scheme was drawn up under which all cases of acute rheumatic fever in children would be notified to me and visited in the home by a medical specialist to decide whether hospital treatment was necessary or not. On the 22nd March, 1949, a letter was sent to all general practitioners asking for co-operation in the investigation, and the response was most encouraging, 140 out of the 169 doctors agreeing to notify cases occurring in their practice. The system of voluntary notification was instituted on 1st April, 1949, and in the ensuing 6 months 44 cases were notified.

Little is known of the exciting cause of rheumatic fever, although it is invariably associated with streptococcal infection and often with bad

environmental conditions. The home conditions of the cases are being carefully investigated by Health Visitors. In many instances the accommodation is extremely bad, the children living in damp, ill-lit, over-crowded rooms. Every effort is made to re-house these families, but where this proves impossible, children from such homes should be sent away to holiday homes for 3—4 weeks in an endeavour to build up their natural resistance against disease and prevent their becoming rheumatic subjects.

On discharge from hospital these children should be sent to Convalescent Homes where the staffs are trained to deal with rheumatic cases, an important consideration since it is most important at this stage to avoid any strain on the heart. They would return from the convalescent homes to supervision at a rheumatic clinic held twice a month at Truro and less frequently in other hospitals in the County.

This is the group of children that most urgently requires provision being made in Cornwall for convalescent treatment. This can either be done by the Regional Hospital Board setting up suitable convalescent homes or by the County Education Committee providing sufficient Residential Special School accommodation for delicate children. In the absence of either Special School or Convalescent Home accommodation, these children are discharged too soon from hospital, and only too often have to be re-admitted at a later date with heart disease which has become permanent.

Where necessary, prophylactic drugs are given during the winter months to guard against recurrences of the disease.

Diphtheria. During the last decade, great strides have been made in the prevention of this dread disease.

In 1941, 523 cases were notified in the county and with few exceptions had to be isolated in hospital.

In 1948, the number of cases was 27 and in 1949 only 4, but despite these recent small figures, the annual averages for the 10-year period 1939-48 were 221 cases and 15 deaths. It will thus be seen that in this county alone hundreds of children yearly are being spared the pain, suffering and possible permanent disability which accompanies diphtheria, and a vast sum is being saved in hospital treatment costs. Moreover, it has been estimated that throughout the country over 3,000 nurses have been made available for the nursing of other illnesses.

These excellent results can only be maintained by constant propaganda, both to general practitioners and to the public.

Tuberculosis—The prevention of tuberculosis is the largest and in many ways the most difficult task which faces the Preventive Medical Service.

Tuberculosis is essentially a "crowd" disease, a disease of urbanisation and poor living or working conditions. It is also an economic disease, being prevalent in countries where the standard of living is poor and malnutrition prevalent. The improvement in the social conditions of the country is reflected in the mortality from tuberculosis which is shown on the accompanying graph.

There are two types of tuberculosis bacillus which attack man, the human and the bovine.

Human bacteria are responsible for the majority of cases of pulmonary tuberculosis (99%) but in tubercular meningitis, bone and joint disease and cervical glands, 30—50% of cases are due to bovine tuberculosis.

In pulmonary tuberculosis, spread is by droplet infection, i.e. people with tuberculosis, coughing and spitting in close proximity to others. Moreover, the bacilli can exist for a considerable time in a dry state so that dust in tuberculous homes may be a great danger to young children. The problem of prevention is intricate in that many chronic carriers are not known and even for those that are known, there is as yet insufficient accommodation in sanatoria or colonies.

It is thought that in the majority of cases pulmonary tuberculosis is first acquired in childhood although it may be some years before the disease becomes obvious. It is therefore worth while endeavouring to protect young children who come from tuberculous homes. Fortunately this is possible by the use of a vaccine.

The prevention of tuberculosis caused by the bovine bacillus should prove an easier task. The disease is acquired through drinking milk which has come from infected cattle and the incidence has dropped considerably in recent years since emphasis has been placed on attested herds and better dairy facilities.

It takes many years to eradicate tuberculosis from cattle. In the U.S.A. it was done by the slaughter of reactors to the tuberculin test, and in Denmark it has been achieved in 16 years by separating young stock from infected animals. Fortunately there is a short cut by which the community can be protected, namely, pasteurisation of milk. Meanwhile every effort is being made to find the dangerous herds by tracing to its source the milk supply of households where tuberculous meningitis has occurred. Another line of attack is through the slaughter-houses, and the Meat Inspectors are being asked to notify the Medical Officer of Health of their area when they find tuberculosis in a carcase. The Medical Officer of Health will then arrange for the cattle in the herd

TUBERCULOSIS MORTALITY RATES. (Quinquennial Averages)

ENGLAND & WALES

CORNWALL

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All Forms

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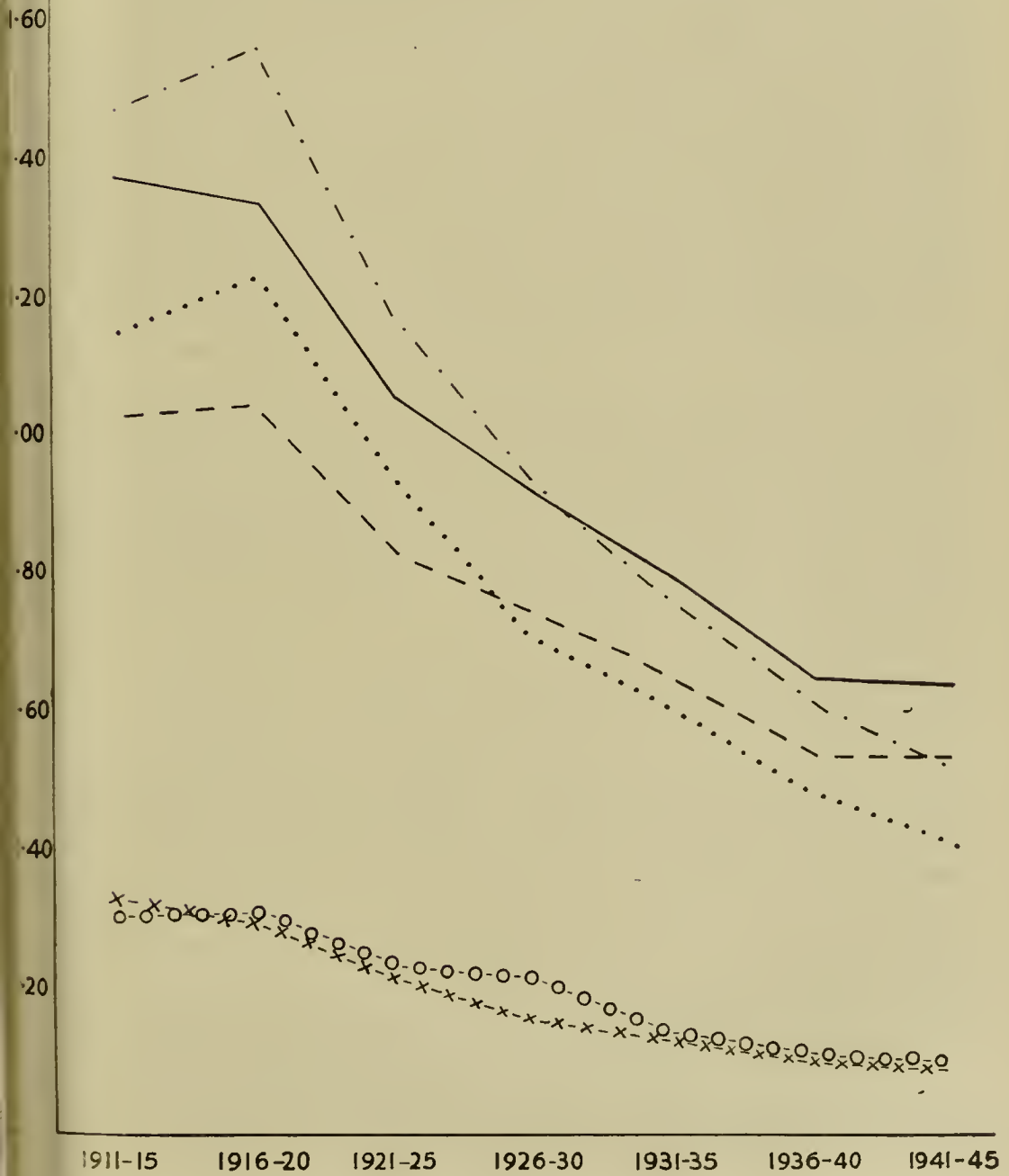
Respiratory

· · · · ·

x-x-x-x-x

Non-Respiratory

o-o-o-o-o-o-o

RATE PER
THOUSAND

concerned to be inspected to ensure that other infected animals are not being used for milk production.

B.C.G. Vaccination—Arrangements have been made by the Ministry of Health for the controlled use of B.C.G. vaccine, which is so weak that it cannot cause the disease, but strong enough to stimulate resistance to it. It is not yet certain that B.C.G. vaccination gives complete immunity to tuberculosis, but there is little doubt that it reduces the risk, and that if a vaccinated person does contract tuberculosis, the vaccination is likely to make it less severe.

It is not intended at present to provide facilities for B.C.G. vaccination among the public at large, but only for individual cases where the tuberculosis physicians consider it desirable and are satisfied from preliminary tests that it can suitably be given. The work will be carried out only by Tuberculosis Physicians and will be done as part of their Local Health Authority work under Section 28 of the N.H.S. Act, 1946. The serum to be used will be obtained by the Ministry of Health, from the Serum Institute, Copenhagen. Because of its limited period of potency it has to be imported by air and used within a short time after arrival.

Vaccination against tuberculosis is also to be offered to nurses in hospitals and sanatoria, and to medical students.

It is necessary in using this method to make quite certain that the child is not yet infected with Tuberculosis, and does not become infected for a few weeks after the inoculation. Arrangements will therefore have to be made for such children to be taken away from home for about 6 weeks before inoculation, and kept away for about 6 weeks afterwards. In some cases it will be necessary to ask the Children's Officer to help us with accommodation for these children.

Mass Radiography—The search for the chronic carrier is difficult, but here, mass radiography has come to our aid.

Mass Radiography Units are operated by the Regional Hospital Board, and take very small X-ray photographs of the chests of large numbers of people in a short time. In any case where the small film shows any abnormality, the persons concerned is invited to have an ordinary full-size X-ray done, and is referred for any treatment found necessary.

Arrangements have been made for a Mass Radiography Unit to operate in the County.

Examination will be offered to the public at large but in particular to all children of school-leaving age, and the teaching staffs of the schools, and persons engaged in the preparation and handling of food will be urged to use the service.

Infantile Paralysis (Poliomyelitis)—This is not a common disease, but the crippling caused by it is so widespread and so permanent that every effort must be made to keep it in check. It is no new disease—there is little doubt that it was known to the Ancient Greek civilisation—but it is only in recent years that it has taken on epidemic proportions. Its distribution is world-wide although it is the Temperate Zones, particularly North America, N.W. Europe, South Africa, New Zealand and Australia which are attacked by the epidemic form of the disease.

Following a widespread outbreak in England and Wales during 1911, infantile paralysis was added to the list of notifiable diseases in 1912, and since this date few years have passed without two or three cases occurring in Cornwall. On six occasions namely, 1911, 1919, 1921, 1945, 1947 and 1949, there have been epidemics in the county, and it will be noted that three of these have occurred during the past five years, an experience not confined only to Cornwall. Infantile paralysis alone of the common infectious diseases is still on the increase and, as yet, there is no certain method for preventing its spread. Once contracted, there is little that can be done to prevent the disease from taking its course. The last few years have added greatly to our knowledge of its epidemiology, but there are still many missing links and until the gaps are filled we cannot hope to control its spread.

The disease is caused by a virus, an ultra-microscopic organism, but unlike most germs the virus of infantile paralysis cannot be transmitted to any easily obtained experimental animals such as guinea-pigs, rabbits or embryo chicken. Man, certain monkeys and high apes alone are susceptible to the infection and in consequence any experimental work on the transmission of this virus is extremely costly.

It now seems certain that the virus gains entry through the alimentary tract so that in addition to close contact with a case, the handling of food or milk or the contamination of a water supply by an infected person may lead to the spread of the disease. Another factor which adds to our difficulty is the large number of people who acquire the virus yet show no sign of the disease. It is probable that for every paralytic case of infantile paralysis at least 100 other people acquire the virus, and although they suffer no ill effects, they are capable of handing it on. In consequence of this, isolation of cases, although playing its part in control, is by no means a complete answer. The reason why so small a proportion of those infected suffer any ill-effect is not known and in this lies the ultimate solution to the prevention of the disease.

During the past three years, all cases of infantile paralysis which have occurred in Cornwall have been studied with special care in an

endeavour to elucidate the problem. The medical history of the patients, their family background and the homes in which they live have been investigated with the utmost thoroughness, and much has come to light which should be of help in the combating of future epidemics. These details have been forwarded to the Department of Epidemiology at Cambridge University, as have details of cases which occurred in other parts of the country, and from the final result it is hoped to obtain the solution to the preventing of this dread disease.

A short description of the 1949 outbreak will be found elsewhere in this report.

HEALTH EDUCATION

In 1943 the County Council decided to take advantage of the services of the Central Council for Health Education by contributing to its funds on the basis of an annual contribution of 10/- per 1,000 of the population, the cost being shared equally between the Health and Education Committees.

This body, which is concerned with the prevention of disease generally, has built up an expert staff and a large variety of health education material, the capital cost and overhead expenses of which are met by grants from Local Authorities and the Ministry of Health. Its services to the contributing Local Authorities include residential courses for health visitors and teachers, the services of touring lecturers, and propaganda material and literature, the latter being supplied free to the value of one-sixth of the contribution.

Apart from the special schools and courses run by the Central Council, at which those attending are given a foundation on which to build their future efforts, the work of educating the public in health matters is carried on daily in the homes of the people and in the Child Welfare Centres and Ante-Natal Clinics by the Health Visitors and District Nurse/Midwives. Their efforts include encouraging the breast-feeding of infants and the teaching of mothercraft, the value of vaccination and immunisation, and personal and general hygiene.

The mother is a very important member of the community. Upon her management depends not only her own health but that of her family. Talks and demonstrations are given by Health Visitors at the clinics, illustrated by posters, models, flannel graphs and leaflets.

The County Council has provided a cine-projector to show suitable films on health and hygiene. These films include a variety of topics such as ante-natal care, parentcraft and the care and training of children, the

value of immunisation against diphtheria, the importance of good posture, the dangers of infection from the common cold and food poisoning and many others. They have been shown at most child welfare and ante-natal clinics as well as to Women's Institutes, Mothers' Unions, Caterers' and Hoteliers' Associations, Food Handlers' Guilds and Schools. They are interesting as well as instructive and are much appreciated by the audiences. They are usually preceded by a talk on the subject and followed by questions and discussion.

Other health lectures have been given by doctors, health visitors and nurses to Women's Institutes, Women's Gas Council, Teachers' and Parents' Associations, Toc H and others.

With the transfer of emphasis from the curative to the preventive side of the department's function, it is hoped to develop this work in the future. It is, perhaps without exception, the most difficult field in which to measure the results achieved against the effort and money expended, but unquestionably the improvements in health, housing and hygiene which have marked the present century have their origin, at least in part, in the higher standard of education in health matters. Knowledge is power, and here it becomes the power to prolong and save lives.

MENTAL HEALTH

REPORT OF THE COUNTY PSYCHIATRIST

(i) Administration

(a) Constitution and meetings of Mental Health Sub-Committee.

The functions of the Health Committee under the Mental Deficiency Acts 1913-38 and the Regulations made thereunder, and the administration of the Mental Health Services in accordance with the National Health Service Act, 1946, with the exception of matters relating to the administrative staff, have been delegated to the Mental Health Services Sub-Committee. The Sub-Committee is made up of 16 members of the Health Committee of the Cornwall County Council. Of these 16 members of the Health Committee, 11 are elected County Councillors and 5 are co-opted members of the Health Committee. Meetings are held quarterly.

(b) Number and qualification of staff employed in the Mental Health Service:

These are included in the list of Public Health Officers at the beginning of the Report.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees.

No formal arrangements have yet been entered into with the Regional Hospital Board or with the Hospital Management Committees for the co-ordination of Mental Health Services. The arrangement whereby the County Psychiatrist sees all cases of mental illness or of mental defectiveness referred to the Local Health Authority, or ensures for them in the case of mental illness treatment in a mental hospital or at the nearest clinic, has been continued. Vacancies for mental defectives in Institutions have been strenuously sought. After representations had been made to the Regional Hospital Board for more adequate and easily available "Place of Safety" accommodation, we were enabled to place suitable male mental defectives in a "Place of Safety" provided by the Board, and the position was also eased a little with regard to suitable female patients. The position with regard to accommodation in Certified Institutions also eased a little during the year so far as high-grade patients were concerned, but it is still very difficult to find suitable accommodation for mentally defective children, and some of these cases still at home present many difficulties. Patients on licence throughout the County from Institutions for Mental Defectives have been supervised for various Hospital Management Committees, and all necessary reports and recommendations made.

(d) Duties delegated to Voluntary Associations.

No Mental Health duties have been delegated to Voluntary Associations since the National Association for Mental Health closed down its Bristol office on 30.4.49.

During the year two Mental Defectives continued to be supervised on behalf of the Local Health Authority by the Brighton Guardianship Society.

(e) Arrangements initiated for the training of Mental Health Workers

During the year, prior to her taking up her duties as Mental Health Worker, Miss Kathleen M. Welsh received 6 months' training in the Mental Health Dept. at Truro. No other arrangements have been initiated for the training of Mental Health Workers.

(ii) Account of Work Undertaken in the Community

(a) Prevention, care and after-care.

The County Psychiatrist undertakes work on behalf of the Health Committee and the Education Committee, thus securing a co-ordinated Mental Health Service. It has not yet been possible to

initiate arrangements for any scheme of preventive work, but the records of all cases seen at Child Guidance Clinics, or referred otherwise from any source for advice and guidance, will eventually make this possible.

The after-care of cases referred to the Local Health Authority was undertaken under the arrangements made with the National Association for Mental Health until 30.4.49. After that date, Mrs. J. M. Stephens took over the care of these cases, and during the year 84 cases were so supervised.

Close liaison has been established with the After-care Officer at St. Lawrence's Mental Hospital, Bodmin, so that there is no overlapping so far as the after-care of cases discharged from the Mental Hospital is concerned.

Work done during the year includes providing social histories of Cornish patients receiving treatment in Mental Hospitals outside the County, after-care of patients returning to Cornwall from other Counties, reference of patients to Hospital or Clinic for psychiatric treatment, and the provision of advice and help in finding residential accommodation or special homes for patients with mental disabilities.

(b) **Lunacy and Mental Treatment Acts, 1890-1930**

During the year 184 Health Service Patients and 21 Private Patients were certified under the Lunacy and Mental Treatment Acts, 1890-1930 by Duly Authorised Officers.

(c) **Mental Deficiency Acts, 1913-38**

(i) **Ascertainment**

55 new cases were ascertained during the year, and disposed of as follows :

- 10 admitted to Institutions
- 5 admitted to Places of Safety
- 33 placed under Statutory supervision
- 3 died or removed from Order
- 3 placed under voluntary supervision
- 1 not action taken at end of year.

In Institutions, including cases on licence therefrom :

	Males	Females	Total
Under 16 years of age	... 23	15	38
Aged 16 years and over	... 161	143	304
In "Places of Safety"	... 3	4	7

(ii) **Guardianship and Supervision:**
Under Guardianship:

Under 16 years of age	...	2	—	2
Aged 16 years or over	...	9	12	21

Under Statutory Supervision:
(excluding cases on licence).

Under 16 years of age	...	73	33	106
Aged 16 years and over	...	181	192	373
Number of above cases awaiting removal to Institution	...	61	39	100

(iii) **Training:**

No Occupation Centres exist at present, and with the acute shortage of suitable workers it has not yet been possible to secure the training of defectives in their homes. The possibility of opening up one or two Occupation Centres in the larger towns has been very carefully explored throughout the year, but in each case it has been found impossible, owing to difficulties of transport and unfavourable economic conditions, to recommend the setting up of such Centres.

BLIND PERSONS

Sections 29 and 30 of the National Assistance Act, 1948, which came into operation on 5th July, 1948, superseded much previous legislation for blind persons and gave Local Health Authorities the power (subsequently made a duty by direction of the Minister of Health) to promote the welfare of blind and partially-sighted persons.

Local Health Authorities are precluded by this Act from giving financial assistance to the blind, except to those for whom they provide work, this duty having been taken over by the National Assistance Board. The Act permits the Local Health Authority to carry out its duties through duly registered voluntary bodies, and advantage was taken of this permissive clause to arrange for the work to be continued by the Cornwall County Association for the Blind. The scheme required by the Act received the Minister's approval on 2nd April, 1949.

There are 5 Home Teachers, four sighted and one blind. The Home Teaching service of the County Blind Association includes regular visits to the blind and observation cases, instruction in Moon and Braille reading, assistance in obtaining pensions, etc., and advice on the prevention of blindness. There are 17 blind Home Workers in the County.

There were 823 registered blind persons on 31st March, 1950 (317 males and 506 females), an increase during the 12 months of 60.

The following Table shows the age groups of blind persons :—

Age Period			Males	Females	Total
0	...	...	—	—	—
1	...	...	1	—	1
2	...	...	—	—	—
3	...	...	—	1	1
4	...	...	—	—	—
5—10	...	...	5	—	5
11—15	...	...	1	3	4
16—20	...	...	6	1	7
21—30	...	...	6	16	22
31—39	...	...	11	12	23
40—49	...	...	26	24	50
50—59	...	...	40	39	79
60—64	...	...	30	40	70
65—69	...	...	45	53	98
70 and over	...	...	146	317	463
			—	—	—
		Totals	317	506	823
			—	—	—

Ages at which Blindness occurred

Age Period			Males	Females	Total
0	...	...	26	32	58
1	...	...	—	—	—
2	...	...	2	—	2
3	...	...	2	1	3
4	...	...	—	—	—
5—10	...	...	10	13	23
11—15	...	...	4	7	11
16—20	...	...	14	5	19
21—30	...	...	19	26	45
31—39	...	...	24	22	46
40—49	...	...	35	47	82
50—59	...	...	40	79	119
60—64	...	...	30	50	80
65—69	...	...	28	50	78
70 and over	...	...	83	174	257
			—	—	—
		Totals	317	506	823
			—	—	—

Blind Persons Registered as New Cases during the year

Age Period			Males	Females	Total
0	...	...	1	—	1
1	...	...	—	—	—
2	...	...	—	—	—
3	...	...	—	—	—
4	...	...	—	—	—
5—10	...	...	—	—	—
11—15	...	...	—	—	—
16—20	...	...	—	—	—
21—30	...	...	—	—	—
31—39	...	...	1	2	3
40—49	...	...	1	3	4
50—59	...	...	5	3	8
60—64	...	...	2	3	5
65—69	...	...	8	4	12
70 and over	...	...	21	59	80
			—	—	—
			39	74	113
			—	—	—

Age at onset of Blindness in New Cases

Age Period			Males	Females	Total
0	...	...	1	—	1
1	...	...	—	—	—
2	...	...	—	—	—
3	...	...	—	—	—
4	...	...	—	—	—
5—10	...	...	—	—	—
11—15	...	...	—	—	—
16—20	...	...	—	—	—
21—30	...	...	—	1	1
31—39	...	...	1	1	2
40—49	...	...	1	3	4
50—59	...	...	5	3	8
60—64	...	...	3	6	9
65—69	...	...	8	5	13
70 and over	...	...	20	55	75
			—	—	—
			39	74	113
			—	—	—

Blind Children under 16

Age under 2				
Resident in :—	M	F	Total	
Sunshine Homes ...	—	—	—	
Other Residential Homes ...	—	—	—	
At home or elsewhere ...	1	—	1	
	—	—	—	
	1	—	1	
	—	—	—	

Age 2—4+

Educable

Attending Nursery Schools (including Sunshine Homes) ...	—	—	—
In other residential Homes ...	—	—	—
At home or elsewhere ...	—	1	1
	—	—	—
	—	1	1
	—	—	—

Ineducable

In Mental Hospitals ...	—	—	—
In Mental Deficiency Institutions ...	—	—	—
At home or elsewhere ...	—	—	—
	—	—	—
	—	—	—
	—	—	—

Age 5—15 +

Educable

	M	F	Total
Attending Special Schools for the Blind :			
(i) Blind but NO other defects ...	2	2	4
(ii) Blind WITH other defects ...	1	—	1
Attending other Schools :			
(i) Blind but NO other defects ...	—	—	—
(ii) Blind WITH other defects ...	—	—	—
Not at School :			
(i) Blind but NO other defects ...	1	—	1
(ii) Blind WITH other defects ...	—	—	—
	—	—	—
	4	2	6
	—	—	—

	M	F	Total
Ineducable			
In Mental Hospitals :			
(i) Blind	—	—	—
(ii) Blind with Multiple defects ...	—	—	—
In Mental Deficiency Institutions :			
(i) Blind	—	—	—
(ii) Blind with Multiple defects ...	2	—	2
At home or elsewhere :			
(i) Blind	—	—	—
(ii) Blind with Multiple defects ...	—	1	1
	2	1	3
Education, Training and Employment (Age periods, 16 years and upwards)			
Employed			
(a) In Workshops for the Blind ...	1	—	1
(b) As approved Home Workers ...	8	9	17
All others not included in (a) or (b)	27	5	32
Total employed	36	14	50
Undergoing Training			
For sheltered employment ...	4	3	7
For Open Employment ...	—	—	—
Professional or University ...	—	—	—
	4	3	7
Unemployed			
Trained but unemployed—			
For sheltered employment ...	—	—	—
For open employment ...	—	—	—
Not Training but Trainable—			
For sheltered employment ...	3	1	4
For open employment ...	—	—	—
No. available for Employment—			
Age group 16—59	24	41	65
Age group 60—64	9	26	35
Not capable of work—			
Age group 16—59	34	36	70
Age group 60—64	14	13	27
Not employed over 65	186	368	554
Grand total	310	502	812

Occupations of Employed Blind Persons

	Within shops for the Blind	Work- In approved Home Schemes	Workers not Pastime workers	Total
Agents, Collectors, etc.	...	—	1	1
Agricultural Workers	—	5	5
Basket Workers	1	4	6
Boot Repairers	—	2	2
Chair Seaters	—	1	1
Clerks and Typists	—	2	2
Dealers, Tea Agents, Newsagents, Shopkeepers	—	6	6
Home Teachers	—	1	1
Machine Knitters	8	—	8
Mat Makers	—	1	1
Ministers of Religion	—	2	2
Musicians and Music Teachers	—	2	2	4
Newsvendors and Hawkers	—	1	1
Piano Tuners	3	—	3
Poultry Keepers	—	2	2
Telephone Operators	—	1	1
Miscellaneous	—	4	4
	1	17	32	50

Physically and Mentally Defective and Mentally Disordered Blind

Persons (All ages)				
	M	F	Total	
(a) Mentally Disordered ...	5	8	13	
(b) Mentally Defective ...	5	3	8	
(c) Physically Defective ...	39	49	88	
(d) Deaf without Speech ...	—	2	2	
(e) Deaf with Speech ...	8	19	27	
(f) Hard of Hearing ...	9	15	24	
Combination of (b) and (c)	1	—	1	
Combination of (c) and (e)	1	6	7	
Combination of (c) and (f)	1	—	1	
	69	102	171	

Blind Persons age 16 and upwards resident in :—

	M	F	Total
Residential accommodation provided under Part III of the 1948 Act (viz. Sect. 21)—			
(a) Homes for the Blind ...	12	14	26
(b) Other Homes ...	3	5	8
Other Residential Homes ...	—	8	8
Mental Hospitals ...	5	8	13
Mental Deficiency Institutions ...	3	—	3
Chronic Wards of Hospitals ...	9	14	23
	<hr/> 32	<hr/> 49	<hr/> 81

LABORATORY FACILITIES

A new unit of the Public Health Laboratory Service was opened at the Royal Cornwall Infirmary, Truro, during the year, and Dr. D. R. Christie took up duty as Director in September.

The Royal Cornwall Infirmary, Truro, Pathological Department, under the charge of Dr. F. D. M. Hocking continues to carry out the chemical analysis of water, sewage effluent samples, etc., which is beyond the scope of the free service provided by the Public Health Laboratory Service.

Specimens of water and food, etc., are sent to the Laboratory of the Public Analyst, Dr. H. E. Cox, at 11 Billiter Square, London, E.C.3.

INSPECTION AND SUPERVISION OF FOOD

The following is the report of the Chief Inspector under the Food and Drugs Acts, for the year ended 31st March, 1950 :—

During the year 1,577 samples of food and drugs were taken.

	Milk	Others	Total
Number submitted for Analysis	67	533	600
Number tested on Gerber ...	918	59	977
Number certificated adulterated	36	16	52

Action was taken in respect of the adulterated samples as follows :—

Proceedings ...	...	10
Cautions ...	...	12
Referred to Agricultural Adviser ...	2	
Referred to Ministry of Food ...	3	

Particulars of the 1,577 samples taken are shown in the following table :—

Name of Sample	Number	Number adulterated or not up to standard
Milk	... 985	36
Butter	... 37	2
Margarine	... 5	
Suet, Cooking Fat, Culinary Oils	... 37	2
Tea	... 14	
Coffee	... 21	
Ice Cream	... 89	
Cocoa	... 2	
Honey, Jams, Sandwich Spreads	... 40	
Wines and Spirits	... 12	
Evaporated, Malted, Condensed and Iced Milk	... 11	
Beer	... 1	
Baking Powder	... 16	1
Vinegar	... 10	
Meat and Fish Products	... 34	2
Fruit and Fruit Juices	... 40	3
Vegetables	... 11	
Gelatine and Jelly	... 11	
Soups, Sauces and Pickles	... 23	
Flour, Cake and Pudding Mixture	... 15	1
Cereals	... 7	
Flavours, Colouring and Essences	... 15	
Salad Cream and Mayonnaise	... 10	
Puddings, Cakes and Pastries	... 35	2
Custard Powder and Blancmange	... 7	
Potato Crisps	... 5	
Herbs and Spices	... 32	
Bread	... 3	1
Chocolate and Chocolate Foods	... 3	
Saffron	... 5	
Medicines and Drugs	... 7	
Peanut Butter	... 3	
Confectionery	... 31	2
	<hr/> 1577	<hr/> 52

Despite the constant supervision executed by your Sampling Officers it seem inevitable that instances of adulteration, particularly by the addition of water to milk, are discovered from time to time. It is far too much to hope that this kind of offence will be eradicated altogether, but this year has shown a marked decrease in the number of prosecutions.

An important point to note is that any given number of adulterated samples does not necessarily indicate an equal number of offenders. As is often the case the first sample is followed by taking "in transit" samples and these in turn are followed up by "appeal to cow" samples; so that from the first detection of the adulteration many further samples may prove to be adulterated.

REPORT OF COUNTY SANITARY OFFICER

The following is a summary of the work carried out during the year :—

Farm premises inspected where structural alterations are required ...	64
Farm premises re-inspected	43
Pasteurising Plants and other dairy premises inspected ...	239
Plans of dairies and cowsheds prepared ...	50
Specifications of works prepared ...	55
Sewage Disposal Works inspected ...	121
Manufacturies and trade premises visited ...	19
Visits in relation to works of water supply ...	32
Ministry of Health Inquiries attended ...	5
Visits to school premises	116
Visits to Agricultural Hostels ...	19
Visits in relation to infectious diseases ...	4
Samples of water submitted for analysis ...	76
Samples of pasteurised milk submitted for examination ...	232
Samples of sewage effluent submitted for examination ...	96
Samples of river water and trade wastes submitted for examination	76
Samples of school milk submitted for examination ...	52

MILK (SPECIAL DESIGNATIONS) ACT, 1949

Pasteurised Milk

The responsibility for the granting of dealers' (pasteurisers' and sterilisers') licences was transferred from the local authorities to the County Council on the 1st October, 1949.

The County Council are also responsible for the execution and enforcement of the many allied provisions of the Milk (Special Designations) Act.

Regulation 55G of Defence (General) Regulations has now been revoked. Under this Regulation the County Council acted as agents of the Ministry of Food in the taking of samples, whereas under the above

Act the responsibility for taking samples and the inspection of premises has been placed upon the licensing authority in order to ascertain if the conditions of the licence are being complied with.

There are eight large dairies in the County licensed for the pasteurisation of milk. These deal with upwards of 120,000 gallons of milk per day, of which approximately 70,000 gallons per day are pasteurised. The bulk of the remainder is brine cooled and sent for the London market.

During the year 239 inspections of these dairies were made, and 232 samples of milk taken and submitted for examination.

Of the 232 samples examined, 217 were satisfactory and 15 unsatisfactory. All unsatisfactory samples are followed up by taking further samples after advice is given on the possible cause of failure of the samples to comply with the standards laid down.

Unsatisfactory samples are reported immediately to the Area Milk Officer of the Ministry of Food and a monthly report on all samples is sent to the Ministry.

The results of the examination of samples are furnished to the Managers of Creameries and to the Medical Officers and Sanitary Inspectors of the district in which the creameries are situated.

Samples of pasteurised milk have been taken regularly by the Food and Drugs Department and of 312 samples examined the average fat content was found to be 3.9% while the average non-fatty solids was 8.81%.

Milk in Schools Scheme

The supervision of the Milk in Schools Scheme was undertaken by your Sanitary Officer on the 1st October, 1949.

During these three months 52 schools were visited and the milk supplies investigated, together with the methods of serving of the milk at schools and the steps taken to cleanse beakers and other utensils in which the milk is served.

During these visits 52 samples of milk were taken and submitted for examination with the following results :—

	Satisfactory	Unsatisfactory
Pasteurised milk in bottles	... 24	—
Pasteurised milk in bulk	... 3	—
T.T. milk in bottles ...	... 2	2
T.T. milk in bulk ...	... 3	2
Accredited milk in bottles	... 2	—
Accredited milk in bulk	... 2	—
Ordinary milk in bulk ...	... 9	3
	—	—
	45	7
	—	—

In the case of unsatisfactory samples where the milk is direct from the farm the Advisory Officer of the Cornwall Agricultural Executive Committee is asked to investigate. Other cases are investigated by your Sanitary Officer.

Of the 7 cases mentioned above, 6 farm premises have been visited by the Advisory Officer, methods of production investigated and reports furnished.

Of 374 schools, 269 are supplied with pasteurised milk, 47 with Tuberculin Tested milk, 15 with Accredited milk, 39 with ordinary (ungraded) milk and 4 with dried milk.

Most of the milk is supplied in one-third pint bottles and straws are provided. Where the milk is supplied in bulk and beakers used for drinking, it is suggested that these should be cleansed in the school canteen where these have been established.

Th school milks are regularly sampled by the Food and Drugs Department and the average analysis of 203 samples taken during the year showed fat 3.87% and solids not fat 8.71%.

Milk and Dairies

On the 1st October, 1949, the County Council ceased to be the licensing authority for Tuberculin Tested and Accredited milk. The responsibility for the granting of licences is the Ministry of Agriculture and Fisheries, or the County Agricultural Executive Committee acting on their behalf.

Following the receipt of applications to the County Council before the end of September for licences to produce Tuberculin Tested or Accredited milk, 64 premises were visited along with the Dairy Advisory Officers, where structural alterations to premises or new buildings were required, and 43 premises re-inspected, where works were in progress or had been completed.

Plans of new buildings or adaptations of existing buildings have been prepared in 50 cases and 55 specifications furnished, as a result of which a number of new cowsheds have been erected and many existing buildings modernised.

THE ICE-CREAM (HEAT TREATMENT) REGULATIONS, 1947

The above Regulations came into operation on the 1st May, 1947, and placed upon District Councils and Borough Councils the responsibility

of the registration and supervision of premises where ice-cream is manufactured and sold, and also the duty of taking samples.

In conjunction with the Cornwall Branch of the Sanitary Inspectors' Association and with the co-operation of the Ice-Cream Alliance, a standard of requirements in connection with premises and methods was set up for Cornwall.

In March, 1948, further proposals were circulated throughout the County as a result of a joint meeting between representatives of the Sanitary Inspectors' Association (S.W. Centre) and the Ice-Cream Alliance (S.W. Division). These proposals have not yet been replaced.

Under the Regulations there has been prescribed no legal standard of cleanliness for ice-cream, but a form of Methylene Blue test has been recommended by the Minister of Health, and this examination has, in fact, been adopted as the unofficial test. According to the quality of the ice-cream, four grades have been set up, numbered one to four, and the Minister suggests that, if, out of the four grades recommended, ice-cream consistently fails to reach grades one and two it would be reasonable to regard this as indicating defects of manufacture or handling which call for further investigation.

Circular M.F.3/49 of the Ministry of Food dated 1st April, 1949, was sent to local authorities stating that additional supplies of sugar and in certain cases fats had been made available to ice-cream manufacturers.

To ensure that these materials were used to the best advantage, manufacturers wishing to avail themselves of the additional supplies had been required to give an undertaking that their ice-cream would have a minimum fat content of 2.5% and nearly all the manufacturers in the country had given this undertaking.

The circular invited local authorities to co-operate with the Minister in securing the observance of this undertaking by supplying copies of analyses showing fat content of any samples of ice-cream that may be taken by their officers in the normal course of their duties.

During the year 1949, 817 samples were submitted to the County Laboratory for the Methylene Blue test and 384 samples for fat content. The County Pathologist has been good enough to furnish the results of samples submitted to him.

Of the 384 samples examined for fat content 326 contained 2.5% or over and 58 less than 2.5%.

The results of the samples examined for Methylene Blue are shown in the following table :—

Local Authority	Hot Mix Grade				Cold Mix Grade				Unknown Grade				Total of Samples
	1	2	3	4	1	2	3	4	1	2	3	4	
Bodmin Borough -	4	1	1	—	1	—	1	—	1	—	—	—	9
Falmouth Borough -	34	14	5	2	3	—	—	—	2	—	—	—	60
Fowey Borough -	2	—	—	1	1	1	—	—	1	—	1	3	10
Helston Borough -	9	2	3	5	—	—	1	—	—	—	—	—	20
Launceston Borough -	2	1	1	2	—	—	—	—	—	—	1	—	7
Liskeard Borough -	7	4	2	1	—	—	—	—	10	8	1	—	33
Penzance Borough -	73	33	16	17	1	—	—	—	12	1	—	—	153
St. Ives Borough -	10	10	9	6	1	—	3	—	7	—	—	—	46
Truro City -	7	7	—	—	6	1	1	—	—	—	—	—	22
Bude-Stratton Urban -	16	12	4	7	2	2	—	—	2	1	—	—	46
Camborne-Redruth Urban -	5	6	2	6	—	—	2	—	—	1	1	—	23
Looe Urban -	15	15	9	9	—	—	—	—	8	1	1	—	58
Newquay Urban* -	9	1	5	2	1	—	—	—	1	1	1	2	23
St. Austell Urban -	11	11	6	10	—	—	1	—	—	2	—	—	41
St. Just Urban -	—	2	—	2	—	—	—	—	—	—	3	—	7
Kerrier Rural -	18	13	6	8	3	2	1	1	1	—	—	—	53
Launceston Rural -	2	—	—	—	—	—	—	—	1	2	—	—	5
Liskeard Rural -	25	9	8	6	—	—	—	—	—	—	—	—	48
St. Austell Rural -	—	1	—	2	1	—	2	1	1	—	—	—	8
Truro Rural -	24	11	1	3	7	3	5	4	—	2	3	1	64
Wadebridge Rural -	1	1	3	—	1	3	—	1	—	—	—	—	10
West Penwith Rural -	17	13	16	13	3	2	4	1	—	1	1	—	71
TOTALS	291	167	97	102	31	14	21	8	47	20	13	6	817

*—Newquay U.D.C. submitted 6 samples for Bacillus Coli. In all samples B. Coli was absent.

VOLUNTEER AGRICULTURAL CAMPS AND HOSTELS

There are 17 agricultural camps and hostels established throughout the County as shown below. These were inspected regularly throughout the year and samples of water taken from camps not being supplied from public mains.

Two of the camps, established in large country houses have been closed during the year and the houses de-requisitioned.

The camps are inspected for general sanitary conditions, including water supply, sewerage and sewage disposal, overcrowding of rooms, provision of ablutions, bathing, sanitary conveniences, recreation, laundry, etc. Samples of sewage effluents are taken regularly and submitted for examination.

Reports are made to the Hostels Officer, of the Cornwall Agricultural Executive Committee on the general condition of the camps and hostels and the result of the examination of samples of water and sewage effluents are communicated to him.

Situation of Camp	No. of Volunteers (accommodation)		
	Male	Females	Both Sexes
Volunteer Agricultural Camps			
Saltash—Hatt	40	40	—
Newquay—Trebelzue No. 1	40	40	—
Truro—Polwhele	—	—	60
Helston—Dry Tree	66	24	—
St. Just-in-Roseland, Place House, St. Anthony	—	—	100
Hayle—Penmare (for Welsh miners suffering from Silicosis and similar respiratory con- ditions)	33	—	—
European Volunteer Camps			
Callington—Moss Side	43	—	—
Pelynt, Nr. Looe—Trelawne Barton	24	—	—
Truro—Treliske	92	—	—
Falmouth—Mylor Bridge	110	—	—
Hayle—St. Erth	38	—	—
St. Gennys—Wainhouse Corner	29	—	—
Saltash—Bake, Tideford	108	—	—
Newquay—Trebelzue No. 4	50	—	—
Bodmin—St. Teath	38	—	—
Launceston—Pennygillam	44	—	—
Agricultural Trainee Camp			
Callington—Stokeclimsland	12	—	—

MINISTRY OF HEALTH INQUIRIES

The following Inquiries held by the Ministry of Health within the County were attended during the year :—

- (1) **St. Germans R.D.C.**—18th March, 1949, at the St. Germans Rural District Council Offices, Lower Portview, Saltash, in connection with an application by the Rural District Council to borrow the sums of £1,800 and £6,550 for works of sewerage and sewage disposal in the parishes of Quethiock and St. Germans respectively.
- (2) **Falmouth Borough**—26th October, 1949, at the Municipal Buildings, Falmouth, in connection with an application by the Borough Council to borrow the sum of £57,258 for works of sewerage and sewage disposal for the north and western areas of the Borough.

- (3) **Truro R.D.C.**—11th November, 1949, at the Rural District Council Offices, River Street, Truro, in connection with an application by the Rural District Council to borrow the sum of £2,400 for works of water supply, the District Council having made an Order for the compulsory acquisition of land for the purpose of the scheme.
- (4) **Launceston R.D.C.**—7th December, 1949, at the Rural District Council Offices, Launceston, in connection with an application by the Rural District Council to borrow the sum of £6,100 for works of sewerage and sewage disposal at North Hill in the Parish of North Hill.

SANITARY SURVEY OF SCHOOLS

A sanitary survey of all the schools in the County where the water supply is not obtained from public mains was carried out in 1948, and 34 samples of water taken during this survey proved on examination to be unsatisfactory.

During 1949 a re-inspection of these schools was made for the purpose of ascertaining the steps taken to improve the water supply, and further samples were taken where necessary.

The following is a summary of the conditions found, and of the sample results obtained :—

No. of further samples obtained	...	33
Satisfactory	... ..	12
Unsatisfactory	... ..	21
Alternative sources of supply being used	... ..	6
Alternative sources of supply being sought	... ..	2
Improvements to existing sources carried out	... ..	10
Schools connected to public supplies	... ..	2
Schemes being prepared for improving supply	... ..	1
Works in progress to improve supply	... ..	2
Nothing done to improve supply (water being boiled)	...	4
No water supply (other than stored rainwater)	... ..	1

All sanitary defects to which attention was drawn when schools were visited were reported to the Education Department for the necessary action to be taken.

RIVERS POLLUTION PREVENTION ACTS

Sewage Disposal

During the year regular routine samples have been taken from sewage works throughout the County, including those of Local Authorities,

Military, Naval and R.A.F. Service Stations, and Agricultural Camps and Hostels. The result of all samples have been communicated to representatives of the aforementioned bodies, together with observations on the condition of the respective works. Many interviews have taken place and much advice given on the steps to be taken to improve the effluents at many of these works. During 1949, 96 samples were taken with the following results :—

	No. of Samples	Satisfactory	Unsatisfactory
Local Authorities ...	64	25	39
Service Stations ...	15	13	2
Agricultural Hostels & Camps	13	1	12
West Cornwall Hospital Management Committee	4	3	1

Local Authorities. The samples from the works of the local authorities were generally unsatisfactory, due to some of the works being of an obsolete design but mainly to lack of proper maintenance and supervision. There is, however, a considerable improvement over the previous year.

Service Stations. The improvements shown in the effluents from works at the Service Stations has continued throughout the year, this is due to greater attention being paid to the maintenance of the works by the Engineers-in-charge of the Camps.

Agricultural Camps. The effluents from the works at the Agricultural Camps and Hostels are mainly unsatisfactory. This may to a great extent be due to the fact that the works were designed originally for large numbers of Service personnel, the camps now being occupied by a comparatively small number of agricultural workers. In consequence of which the sewage is retained in the settling tank for too long a period and becomes septic before being passed to the filters. To overcome this would necessitate the reduction of settling-tank capacity to enable the sewage to be passed more rapidly through the works. Some improvement could, however, be obtained if greater attention was paid to the maintenance of the works.

River Surveys

The following river surveys were carried out during the year, and manufacturies visited respecting the discharge of trade wastes. These include Gas Works, China Clay Works, Laundries, Slaughter-houses, Knackers Yards, Tanneries and Wool washing.

- (1) **River Lynher.** A survey of the River Lynher, a tributary of the River Tamar was carried out on the 9th February, 1949, and 12 samples of river water were taken and submitted for examination. Two further samples were taken of the Callington stream on the 21st February. These showed that gross pollution of the stream by sewage was taking place. The River Lynher, as shown by the samples, was generally clean.

- (2) **West and East Looe Rivers.** A survey of the West and East Looe Rivers was carried out on the 4th May, 1949, and 16 samples of river water were taken and submitted for examination.

Of the West Looe River the County Pathologist stated, "The findings are all satisfactory and the river can be regarded as being in a state of completely reasonable natural purity."

Of the East Looe River he stated, "The river is heavily contaminated by streams bearing sewage which run into it. At its source the findings are satisfactory, but the river is soon joined by Moorswater Brook which at the present time is little more than sewage effluent. Below the confluence with this Brook, dilution takes place but is hardly adequate to deal with a probable sewage nuisance, possibly on account of the recent very light rainfall. The Wool factory effluent is not quite up to the standard recommended by the Royal Commission and requires further dilution. Trevillis stream near the sewage outfall is little more than undiluted sewage effluent, and at its confluence with the East Looe River it is still in a very pollutial state. Below Trevillis stream, the main river is satisfactory."

- (3) **River Fal.** A survey of the river Fal and the Fal watershed was carried out on the 6th and 7th July, 1949, and 18 samples of river water and 5 samples of sewage effluents were taken and submitted for examination.

The survey included the sampling of the main river from its source near Roche to Ruan Lanihorne, where it becomes subject to tidal influence, also the following tributaries within the watershed.

- (1) The Tresillian river above the limit of tidal influence.
- (2) The Trevella stream above the confluence with the River Fal.
- (3) The River Allen at Daubuz's Moors, near Kenwyn.
- (4) The River Kenwyn above the confluence with the River Allen.
- (5) The Carnon Valley River at Devoran.

(6) The Kennal Vale River near Perran Wharf.

Six further samples were taken at a later date from the Carnon Valley River owing to the previous sample proving to have a high acid content, having a pH value of only 3.0. The acid was found to gain access to the river from the settled sand in the lagoons of a disused tin mine.

Of the main river the Pathologist stated, "This river is in a very good and clean condition apart from the heavy deposit of China clay in the lower reaches. The water is adequately saturated with oxygen and its organic content is low. The sewage effluents all have a rather high biological oxygen demand, but dilution below the outfall is adequate; oxygen consumption as a result of the addition of effluent naturally rises, but the river soon returns to a well oxygenated state."

RATS AND MICE (DESTRUCTION) ACT, 1919.
INFESTATION ORDER, 1943.

The work under the above Act and Order has been continued throughout the year in the rural districts of Camelford, Launceston, Stratton and West Penwith.

In the three rural districts in the north east of the County there is a team consisting of a Pests Officer and an operator, and in the West Penwith area there is one man to carry out the necessary survey work and the treatment of premises found to be infested.

The methods adopted in the disinfestation of premises are those laid down by the Ministry of Agriculture and Fisheries and include the laying of bait without poison for several days, and then follow up with poison bait. The poison used being Arsenious Oxide and Zinc Phosphide and the bait Sausage Rusk.

A considerable amount of work has been carried out at refuse dumps of local authorities.

The following is a summary of the work carried out during the year :—

Survey

No. of premises visited	...	5,597
Total infestations found	...	1,398
Infestations in private premises	...	1,351
Infestations in business premises	...	47
Infestations in refuse tips	...	37

Operations

Total effective man-hours	...	4,247
Total ineffective man-hours	...	2,116
Ineffective time, e.g.	Travel time from home to town or village to be surveyed, time spent on records, etc.	
No. of premises treated by poison	...	1,529
No. of pre-baits	...	23,052
No. of poison baits	...	7,919
No. of post baits	...	2,920
Estimated No. of rats and mice destroyed by poison		6,821
No. of premises treated by traps	...	120
No. of rats and mice destroyed by traps	...	380
No. of rats and mice destroyed during period	...	7,201
No. of minor infestations treated	...	1,527
No. of major infestations treated	...	56
No. of reservoir infestations treated	...	—
No. of premises treated by operators	...	1,837

Refuse tips are treated with "Cymag" gas, and as this necessitates the sealing of rat runs, it is difficult to estimate the number of rats destroyed by this method.

1. **Minor**—This term should be confined to infestations with less than 20 rats.
2. **Major**—These are infestations of between 20 and 200 rats.
3. **Reservoir**—These are infestations of over 200 rats.

WATER SUPPLIES

Throughout Cornwall it is, in general, true to say that for the needs of the County reliance must be placed upon surface sources of water, of which the most prolific are those draining Bodmin Moor.

Bodmin Moor, in the eastern part of the County, rises to nearly 1,400 feet at its centre. This is the source of most of the principal rivers and is therefore important as a source of present and future water supplies. There is another high mass rising to 1,000 feet, between St. Austell and Wadebridge; and in the west there is high ground rising to 800 feet south of Camborne and again near Land's End the ground has a similar elevation.

Bodmin Moor has an average rainfall above 50 inches per annum, with more than 60 inches in its centre, whilst in the lower areas below 400 feet O.D. it is about 40 to 45 inches.

There are 32 statutory and 2 non-statutory water undertakers in the County, one non-statutory water undertaker, the Mullion Water Company having been acquired by the Kerrier Rural District Council and taken over as from the 1st October, 1949.

Statutory Undertakers

- (a) Three Borough and Urban Districts with limits of supply greater than the local government area :—Falmouth (Borough); Liskeard (Borough); and Bude-Stratton (U.D.).
- (b) Two Joint Water Boards with statutory powers :—South East Cornwall Water Board and North Cornwall Joint Water Board.
- (c) Five Companies with statutory powers :—Bodmin Water Works Company; Camborne Water Company; Helston and Porthleven Water Company; Newquay and District Water Company and Truro Water Company.
- (d) Six Boroughs operating under Public Health Acts :—Fowey; Launceston; Lostwithiel; Penzance; St. Ives and Saltash.
- (e) Six Urban Districts operating under Public Health Acts :—Camborne-Redruth (Redruth and St. Day and Lanner Wards only); Looe; Padstow; St. Austell; St. Just and Torpoint.
- (f) Ten Rural Districts :—Camelford; Kerrier, Launceston; Liskeard; St. Austell; St. Germans; Stratton; Truro; Wadebridge and West Penwith.

Non-Statutory Undertakings

Two Companies :—Kelly Bray and District Water Company; and Widemouth Water Supply Company.

For the purpose of water supplies the County has been divided into five supply areas, namely, South East, South West, North East, North West and Mid-Cornwall.

For the South-eastern area a scheme has been prepared by Messrs. G. H. Ivory and Partners for the utilisation of existing sources of supply, including that of the South East Cornwall Water Board, whose constituent members are Looe U.D.C. and St. Germans R.D.C., the estimated cost of the scheme being £443,600. The scheme has been approved by the County Council and is still under consideration by the respective local authorities.

For the South-western area a scheme has been prepared by Mr. J. H. Blight, the Borough Engineer and Surveyor of Penzance, for the construction of a dam and impounding reservoir on the Drift stream for supplementing the supply to Penzance and for supplying a large part of

West Penwith Rural District and St. Just Urban District. The reservoir would have a top water level of 264 feet O.D. and the dam would be constructed so that it could later be raised to 271 feet O.D. The capacity of the reservoir would be 125 million gallons and is estimated to have a net daily yield of 1,325,000 gallons. Trial holes have been sunk on the site of the proposed dam and these have shown that it is a practicable proposition to construct such a dam on this site.

A conference has taken place at Penzance between the Councils of the County Districts concerned and of members of the County Council and agreement was reached as to a financial and administrative basis for the construction, maintenance and operation of the proposed works at Drift in connection with the water supply for part of West Cornwall.

In the North-eastern area it is proposed to construct a new dam and impounding reservoir near the existing reservoir known as the Tamar Lake, and to supply water to the whole of Bude Urban District and Stratton Rural District.

With regard to the North-western area a scheme was prepared by Messrs. Lemon and Blizzard, Consulting Engineers, for the construction of a dam and impounding reservoir at Crowdy Marsh, the existing source of supply of the North Cornwall Joint Water Board, and to distribute the water throughout the district. A copy of this report was received by the County Council in October, 1946, the scheme was estimated to cost £91,350.

It is proposed to supply the Mid-Cornwall area from Bodmin Moor and for this purpose to construct—

(1) an impounding reservoir on the De Lank river with a top water level of about 824 feet A.O.D. having a capacity of approximately 2,000 million gallons and a water area of about 350 acres. The height of the main dam would be about 65 feet above stream bed and there would have to be a subsidiary dam about 22 feet above ground level to prevent overspill to the Warleggan River.

(2) Treatment works and attendant's house immediately below the reservoir and a main pipe line from the treatment works to Stithians in the Kerrier Rural District, from which branches will be taken to feed practically the whole of Mid-Cornwall, including the Lizard area.

Trial holes and bore holes have been sunk over the site for the proposed dam and it has been proved that the construction of a concrete dam is impracticable. It has now been decided to recommend the construction of an earthen dam, and a scheme is being prepared by Messrs. Binnie, Deacon and Gourley, the County Water Consultants, on these lines.

A committee known as the Mid-Cornwall Advisory Committee has been established. This Committee is comprised of representatives of all the constituent authorities and water undertakings, together with representatives of the County Council, and steps are now being taken in the preparation of the necessary documents to enable application to be made to the Ministry for the formation of a Joint Board, for the control and administration of this source of supply.

Wadebridge R.D.C. have had prepared a comprehensive scheme based on an intake on the De Lank river for the supply of the Rural District and neighbouring water authorities under the Wadebridge Rural District Council Act, 1937-44. This scheme would later link up with the impounding reservoir proposed for Mid-Cornwall.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, a number of schemes of water supply have been submitted to the County Council by local authorities or other water undertakings and details of these are given in the following table :—

District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Penzance Borough	Penzance Borough St. Just U.D. West Penwith R.D. Gulval	300,000 2,000(a)	Trial holes completed and site for dam proved satisfactory. Works completed.
St. Ives Borough	St. Ives Borough Zennor and Towednack	36,000	—
Camborne-Redruth U.D.	St. Day and Carharrack St. Day ad Carharrack Branch mains Lanner and Scorrier Troon, Pencoyls, Bolenowe, Carnkie, Knave-go-by, Treskillard, Four Lanes, Piece and Bosleake	7,562 7,962 9,367 43,565(a)	Works completed. Works completed. Works completed.
Newquay U.D.	Crantock Tregurrian	5,738(a) 1,350	Scheme completed. Scheme completed.
Camelford R.D.	Rural District Helstone, Newhall Green, Trewalda, and Polstraul *St. Breward *Boscastle *Boscastle	91,350 7,633 461 270 1,095	— Ministry grant £3,900. C.C. £198.1s.4d. p.a. for 30 years. Approved by Ministry. Approved by Ministry— tenders invited.
Kerrier R.D.	Trewennack Grade Ruan and Landewednack Pumping Plant Godolphin Cross and Breage Budock Water, Mawnan, Mawnan Smith, Treharworthal, Porth Navas	2,944(a) 46,496 5,000 8,032 37,910	Works completed. Approved by Ministry. Approved by Ministry.

District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Liskeard R.D. St. Austell R.D.	*Manaccan, St. Anthony, St. Martins and St. Keverne	61,601	Approved by Ministry.
	*Breage and Germoe	149,000	—
	*Regional Scheme	443,600	—
	Golant	1,050	Completed.
	Hewas Water	637	Completed.
	Roche	488	Completed.
	Dc Lank extensions from Wadebridge	112,000	—
	Lower Sticker, Polgooth, Trewithen Lane End	2,400	Completed.
	St. Mawgan and Trenance	35,000	Ministry approval re- ceived. Ministry grant £11,000. C.C. £558 13s.2d. p.a. for 30 years.
	Treviscoe and Trevice	5,600(a)	Completed.
St. Germans R.D.	*Queens, Fraddon and Summercourt	33,081	Ministry Inquiry held.
	*St. Dennis and Nanpean (Supplementary)	1,152	—
	Gunnislake and Hatches Green	621	Completed.
	Narkurs	1,057	Completed.
	St. John and Millbrook	2,340	Completed.
	*Tredis	1,200	—
	*Horsepool	300	—
	*Fursdon	500	—
	*Hessenford	3,175	—
	Tregoney, etc.	160,000	Tenders invited, work expected to commence July-Aug., 1950.
Truro R.D.	Perranzabuloe	2,385	Works completed—Minis- try grant £800. C.C. £40.12s.8d. p.a. for 30 years.
	Mylor	27,841	—
	Mitchell	1,550	Works nearing com- pletion. Ministry grant £340.
	Shortlanesend	2,500(a)	Works completed.
	Newlyn East	15,050	Work in progress. Minis- try grant £4,000. C.C. £203.3s.0d. p.a. for 30 years.
	Perranporth (augment- ation scheme)	13,750(a)	Work in progress.
	Tresillian	6,620	Work in progress. Minis- try grant £137.10s.0d. p.a. for period of guar- antee. C.C. £88.17s.6d. p.a. for 30 years.
	*Tretchem Mill, St. Mawes	11,300	Works in hand. Ministry to make grant of £900. C.C. £45.14s.2d. p.a. for 30 years.
	*St. Agnes, Wheal Kitty	1,774	Works in hand.

District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Wadebridge R.D.	De Lank (amended scheme)	322,267	—
West Penwith R.D.	St. Erth	3,917	—
	Gwinear-Gwithian	32,000	Ministry grant £7,500. C.C. £380.18s.0d. p.a. for 30 years.
	Perran, St. Hilary, Golsithney and Marazion	26,800	—
North Cornwall Joint Water Board	Duplication of main and construction of new reservoir	40,761	Works completed. Ministry grant £4,400.
	Total estimated cost	<u>£2,138,052</u>	

(a) Ministry decided not to make grant.
 * Submitted during 1949.

Estimated cost of works completed or in progress £154,838.

SEWERAGE AND SEWAGE DISPOSAL

A survey of the sewerage and methods of sewage disposal was carried out in 1945 and details relating to all Sanitary Districts throughout the County were given in the Annual Report for that year.

The methods adopted throughout the County may be summarised as follows :—

Districts	No. of Sea Outfalls	No. of Tidal River Outfalls	Outfalls to non-tidal rivers or streams	Sedimentation and Filtration Works
West Cornwall Hospital Management Committee ..	...	—	—	2
Boroughs ...	...	31	8	9
Urban Districts ...	...	15	—	19
Rural Districts ...	...	18	18	15
Naval, Military & R.A.F. Camps —	—	—	—	15
Agricultural Hostels — C.A.E.C. —	—	—	—	12
	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>
	Total 51	64	26	72
	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, the following schemes of sewerage and sewage disposal have been submitted to the County Council by local authorities.

District Council	Particulars of Scheme	Est. Cost £	Remarks
Falmouth Borough	*Sea outfall scheme	57,258	—
Helston Borough	*Extension of existing work	12,000	—
Liskeard Borough	Borough Scheme	33,000	—
Penzance Borough	Gulval	17,000(a)	Scheme approved by Ministry.
	Alverton	9,800(a)	Works completed.
	*Sheffield	2,636(a)	Works completed.
Truro City	Extensions in Borough	3,454	Works completed.
	Extensions in Borough	4,380	Works completed.
Bude-Stratton U.D.	Poughill	6,500	Ministry of Health Inquiry 28.9.48.
	Stratton	7,700	
Newquay U.D.	Crantock	11,053(a)	Works completed.
Camelford R.D.	Tintagel	19,994	Works 95% completed. Ministry grant £6,500. C.C. £330.2s.2d. p.a. for 30 years.
	Boscastle	17,077	Works 95% completed. Ministry grant £5,500. C.C. £279.6s.6d. p.a. for 30 years.
	Bossiney	6,492	Works completed. Ministry grant £2,000. C.C. £101.11s.6d. p.a. for 30 years.
	St. Breward	11,100	Approved by Ministry.
	St. Teath	6,388	Works 60% completed. Ministry grant £4,000. C.C. £203.3s.0d. p.a. for 30 years.
	Trewassa	2,000	Awaiting Ministry approval.
	Delabole	22,685	Works 90% completed. Ministry grant £9,000. C.C. £457.1s.8d. p.a. for 30 years.
	Trevia	3,700	Awaiting Ministry approval.
	Tregoodwell	1,000	Awaiting Ministry approval.
	Trewarmett	2,500	Awaiting Ministry approval.
	Treknow	3,600	
	Trevalga	2,100	Approved by Ministry.
	Camelford	2,900	Awaiting Ministry approval.
	Helstone	2,800	
	Penpont and Lower Lank	4,400	
	Praze an Beeble	10,000	
	Ruan Minor and St. Ruan	13,800	
Kerrier R.D.	St. Keverne and Porthoustock	14,000	Approved by Ministry.
	Constantine and Brillwater	16,800	
	Mabe	9,600	
	Leedstown	8,000	
	Manaccan	4,560	
	Mawnan Smith	11,600	

District Council	Particulars of Scheme	Est. Cost £	Remarks
Launceston R.D.	Altarnun and Five Lanes	9,800	Approved by Ministry.
	North Hill	6,100	Approved by Ministry. Inquiry held 7.12.49.
	South Petherwin and Daw's House	13,550	Approved by Ministry.
	Venterdon and Stokeclimsland	13,600	Approved by Ministry.
	Lewannick	9,420	—
	Lawhitton	3,650	—
	Egloskerry and Hole	7,100	—
	Tregadillet	5,000	—
	Coad's Green	4,500	—
	Warbstow	3,000	—
	Canworthy Water	5,900	—
Liskeard R.D.	Dobwalls	11,516	
	Crow's Nest	1,561	
	St. Cleer	18,500	
	Seaton Bridge	4,085	Seaton Bridge scheme approved by Ministry.
	Upton Cross and Linkinhorne	4,895	Remainder awaiting approval.
	Menheniot	8,636	
	*Cheesewring and Gonnamena	6,784	Awaiting Ministry approval.
	*St. Neot	7,726	Awaiting Ministry approval.
St. Austell R.D.	Grampound	4,320	Sewerage completed but not disposal works.
	*Gorran Churchtown	2,840	Awaiting Ministry approval.
	*Trewoon and Polgooth	25,470	Awaiting Ministry approval.
St. Germans R.D.	Seaton	4,783	Tender approved by Ministry.
	Quethiock	1,800	Ministry Inquiry held 18.3.49.
Stratton R.D.	St. Germans	6,550	
	Widemouth Bay	13,600	—
	Bangors	2,065	Ministry Inquiry 29.9.48.
	*Kilkhampton	15,000	Awaiting Ministry approval.
West Penwith R.D.	*Grimscott-Launcells	2,545	—
	*St. Buryan	7,636	—
	*Sennen	27,616	—
Total estimated cost		£621,425	

(a) Ministry decided not to make grant.
 * Submitted during 1949.

Estimated cost of works completed or in progress £108,279.

RURAL HOUSING

County Councils are not Housing Authorities for the purpose of the Principal Housing Act of 1936, but by Section 88 of that Act it is the duty of every County Council as respects each rural district within the County "to have constant regard to the housing conditions of the working classes." This duty is mainly that of co-operating with and assisting local authorities.

The Rural Housing Sub-Committee of the Central Housing Advisory Committee in the Third Report issued in 1944 recommended the setting up of a Joint Advisory Committee for each County in England and Wales representative of all Rural District Councils in the County, the County Council and any other persons representative of bodies interested in housing within the County whom the Committee thought fit to co-opt.

Such a Committee has been established in the County and is known as the Cornwall Rural Joint Advisory Housing Committee. The first meeting was held on the 23rd March, 1945.

A Technical Standards Sub-Committee was also set up and it was resolved to recommend

“That two standards of housing conditions be adopted, (i) as the standards ultimately expected to be aimed at, and (ii) the standard with which all existing houses shall be made to comply, where practicable, when such houses are dealt with in connexion with the survey to be carried out in all Rural Districts.”

These standards were adopted by the Cornwall Joint Advisory Housing Committee at a meeting held at the County Hall, Truro, on the 18th May, 1945, after which copies of the standard were sent to all Rural District Councils and other bodies represented on the Committee.

Housing Survey—Of the ten rural districts in the County, one has not yet commenced to carry out the survey as recommended by the Cornwall Rural Joint Advisory Committee. Three local authorities have completed the survey, viz. Camelford, Launceston and Truro Rural Districts. The position throughout the County at the end of the year is shown in the following table :—

Rural District	No. of parishes in Rural Districts.	No. of parishes completed.	Parishes under survey but not completed.	No. of houses inspected.	CLASSIFICATION					No. of houses overcrowded.	No. of New houses erected	
					Category						By Local Authority	By private Enterprise
					1	2	3	4	5			
Camelford	- 13	13	—	1769	221	651	517	225	155	74	55	12
Kerrier -	- 21	—	10	52	—	9	17	2	24	—	104	66
Launceston	- 17	17	—	1376	164	398	661	59	94	9	16	2
Liskeard -	- 21	—	15	570	23	124	255	161	7	—	84	8
St. Austell -	- 17	1	11	1303	305	140	594	2	262	—	240	20
St. Germans	- 16	—	—	—	—	—	—	—	—	—	217	23
Stratton -	- 10	—	7	61	10	11	16	14	10	—	82	8
Truro -	- 24	24	—	5799	202	424	893	3142	1138	—	157	44
Wadebridge	- 19	16	2	2542	275	521	538	808	400	2	128	16
West Penwith	- 17	—	8	1262	304	442	347	48	121	38	40	32
Totals -	- 175	71	53	14734	1504	2720	3838	4461	2211	123	1123	231
					% 10.2	% 18.4	% 26.2	% 30.2	% 15.0			

1. Satisfactory in all respects.
2. Minor defects.
3. Requiring repair, structural alteration or improvement.
4. Appropriate for re-conditioning.
5. Unfit for habitation and beyond repair at a reasonable expense.

Housing Acts.

The following grants have been made in accordance with the Housing (Financial Provisions) Acts :—

District	Annual Grant g s. d.	No. of Years	Grants previously authorised No. of Houses	Grants authorised during 1949 No. of Houses	Total No. of Houses
Helston Borough - - -	1 10 0	60	1	16	17
Penzance Borough - - -	1 10 0	60	—	23	23
Bude-Stratton Urban - - -	1 10 0	60	—	4	4
Camelford Rural - - -	1 10 0	60	—	4	12
" " - - -	1 5 0	60	8	—	
Kerrier Rural - - -	1 10 0	60	8	27	82
" " - - -	1 0 0	40	47	—	
Launceston Rural - - -	1 10 0	60	4	5	11
" " - - -	1 0 0	40	2	—	
Liskeard Rural - - -	1 10 0	60	8	60	68
St. Austell Rural - - -	1 10 0	60	—	2	2
St. Germans Rural - - -	1 10 0	60	51	7	67
" " - - -	1 0 0	40	9	—	
Stratton Rural - - -	1 10 0	60	58	30	88
Truro Rural - - -	1 10 0	60	121	—	135
" " - - -	1 0 0	40	14	—	
Wadebridge Rural - - -	1 10 0	60	8	—	26
" " - - -	1 0 0	40	18	—	
West Penwith Rural - - -	1 10 0	60	8	—	35
" " - - -	1 0 0	40	27	—	
TOTALS			392	178	570

TABLE I

Estimated Population and Total Number of Births and Deaths in each Sanitary District during the Year 1949.

Area in Acres	Sanitary District	Estimated Population 1949		Live Births.						Stillbirths	Deaths.								
				Legitimate		Illegitimate		Total	Rate		Under 1 Year.				At all ages.				
				Males	Females	Males	Females				Males	Females	Total	Rate per 1,000 live births	Males	Females	Total	Rate	District Compar- ability Factor
		Civilian	*Total																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	Urban																		
3,312	Bodmin —	5,775	6,215	34	39	1	5	79	13.68	1	—	1	1	12.66	25	30	55	9.52	0.81
4,294	Bude-Stratton —	5,207	5,207	37	25	—	—	63	12.11	3	2	—	2	31.75	29	59	88	16.88	0.74
22,062	Camborne —	35,650	35,650	274	264	15	18	571	16.02	22	15	7	22	38.53	253	267	520	14.59	0.88
1,880	Falmouth —	16,920	16,920	119	129	16	13	277	16.37	4	5	8	13	46.93	125	123	248	14.66	0.87
2,979	Fowey —	2,176	2,206	11	13	—	—	24	11.03	—	—	—	—	—	16	19	35	16.08	0.75
4,014	Helston —	5,070	5,070	41	43	1	—	85	16.77	1	—	1	1	11.76	34	47	81	15.98	0.75
2,182	Launceston —	4,635	4,635	24	31	4	—	59	12.73	1	—	1	1	16.95	37	33	70	15.10	0.78
2,704	Liskeard —	4,370	4,370	28	22	2	2	54	12.36	—	1	—	1	18.52	35	37	72	16.48	0.69
1,691	Looe —	3,653	3,653	19	21	1	1	42	11.50	3	1	1	1	47.62	33	31	64	17.52	0.75
3,156	Lostwithiel —	2,134	2,134	13	15	—	—	28	13.12	—	—	—	—	—	20	27	47	22.02	0.70
4,599	Newquay —	9,777	9,777	49	51	9	7	116	11.86	4	1	2	3	25.86	70	76	146	14.93	0.78
3,343	Padstow —	2,466	2,481	21	15	—	—	36	14.60	2	—	1	1	27.77	14	22	36	14.60	0.73
829	Penryn —	3,978	3,978	34	41	5	1	81	20.36	—	—	1	1	12.35	22	23	45	11.31	0.97
3,155	Penzance —	20,080	20,080	148	129	12	17	306	15.24	4	10	4	14	45.75	140	149	289	14.39	0.83
18,379	St. Austell —	23,640	23,640	173	147	5	12	337	14.26	8	10	4	14	41.54	165	187	352	14.89	0.79
4,287	St. Ives —	8,628	8,634	41	40	3	2	86	9.97	2	2	1	3	34.88	58	74	132	15.30	0.72
7,634	St. Just —	4,073	4,073	29	28	4	3	64	15.71	—	1	—	1	15.63	35	29	64	15.71	0.86
5,335	Saltash —	7,430	7,430	54	49	4	3	110	14.80	5	4	—	4	36.36	54	69	123	16.55	0.77
975	Torpoint —	3,840	8,200	36	40	2	1	79	20.57	2	3	—	3	37.97	26	22	48	12.50	0.92
2,634	Truro City —	12,790	12,790	93	89	2	4	188	14.70	5	4	3	7	37.23	88	94	182	14.23	1.02
99,444	TOTALS	182,292	187,143	1278	1231	86	90	2,685	14.74	67	59	35	94	35.01	1279	1418	2697	14.80	0.83
	Rural																		
52,544	Camelford —	7,506	7,506	54	55	2	4	115	15.32	4	1	1	2	17.39	46	41	87	11.60	0.81
90,839	Kerrier —	20,000	21,530	156	141	7	6	310	15.50	10	7	2	9	29.03	136	128	264	13.20	0.84
73,051	Launceston —	6,496	6,496	41	47	2	5	95	14.62	3	2	—	2	21.05	39	37	76	11.70	0.84
104,803	Liskeard —	14,110	14,110	115	109	7	6	237	16.80	4	3	5	8	33.76	99	93	192	13.75	0.78
82,389	St. Austell —	20,180	20,180	149	176	10	5	340	16.85	9	5	7	12	35.29	104	158	262	12.98	0.88
48,433	St. Germans —	15,730	15,730	116	120	7	5	248	15.77	8	2	—	2	8.06	107	98	205	13.03	0.79
56,285	Stratton —	5,103	5,322	50	33	1	3	87	17.05	2	1	1	2	22.99	34	33	67	13.13	0.85
108,316	Truro —	27,120	27,200	196	205	2	5	408	15.04	7	9	7	16	39.22	181	194	375	13.83	0.77
88,230	Wadebridge —	13,860	15,940	126	109	5	3	243	17.53	9	3	5	8	32.92	92	92	184	13.28	0.80
59,792	West Penwith —	17,850	17,920	161	135	9	14	319	17.87	4	7	2	9	28.21	125	124	249	13.95	0.83
764,682	TOTALS	147,955	151,934	1164	1130	52	56	2,402	16.24	60	40	30	70	29.14	963	998	1961	13.26	0.81
864,126	Whole County —	330,247	339,077	2442	2361	138	146	5,087	15.41	127	99	65	164	32.24	2242	2416	4658	14.10	—
4,041	Scilly Isles —	1,864	1,864	24	13	—	—	37	19.85	—	—	1	1	27.01	16	15	31	16.63	0.91

Birth and Death rate calculated per 1,000 of the Population.

*—Including non-civilians stationed in the district.

Comparability factors are given for the purpose of securing comparability between local death rates.

TABLE IV.
NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED IN
RECENT YEARS.

Infectious Disease	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Scarlet Fever - -	617	580	228	229	384	386	280	167	176	214
Whooping Cough -	287	1210	696	474	1179	473	550	720	1393	641
Diphtheria - -	392	523	389	225	164	206	155	44	27	3
Measles - - -	4492	5664	184	1918	1544	3989	267	2288	2286	3569
Pneumonia - -	271	283	248	313	339	242	205	221	170	208
Cerebro-spinal Fever	67	95	42	28	28	18	17	9	4	2
Acute Poliomyelitis	3	16	3	—	3	28	3	32	17	105
Acute Polio- Encephalitis -	—	1	1	—	2	1	1	—	1	5
Acute Encephalitis Lethargica - -	—	1	1	1	2	1	1	—	—	—
Dysentery - -	10	95	38	61	95	117	17	29	17	38
Ophthalmia Neonatorum -	10	28	18	24	34	21	14	13	6	4
Puerperal Pyrexia -	43	56	65	70	76	61	89	79	51	71
Smallpox - -	—	—	—	—	—	—	—	—	—	4
Paratyphoid Fevers -	—	—	—	6	6	4	1	4	1	1
Typhoid Fever (excluding Paratyphoid) -	18	32	13	7	6	2	—	—	2	—
Food Poisoning *	—	—	—	—	—	—	—	—	—	27
Erysipelas - -	98	95	87	71	75	65	58	48	42	52
Malaria - - -	1	2	1	9	35	17	12	1	3	—
TOTALS - -	6309	8681	2014	3436	3972	5631	1670	3655	4196	4944

*—Not included in returns to Registrar-General until 1-1-49.

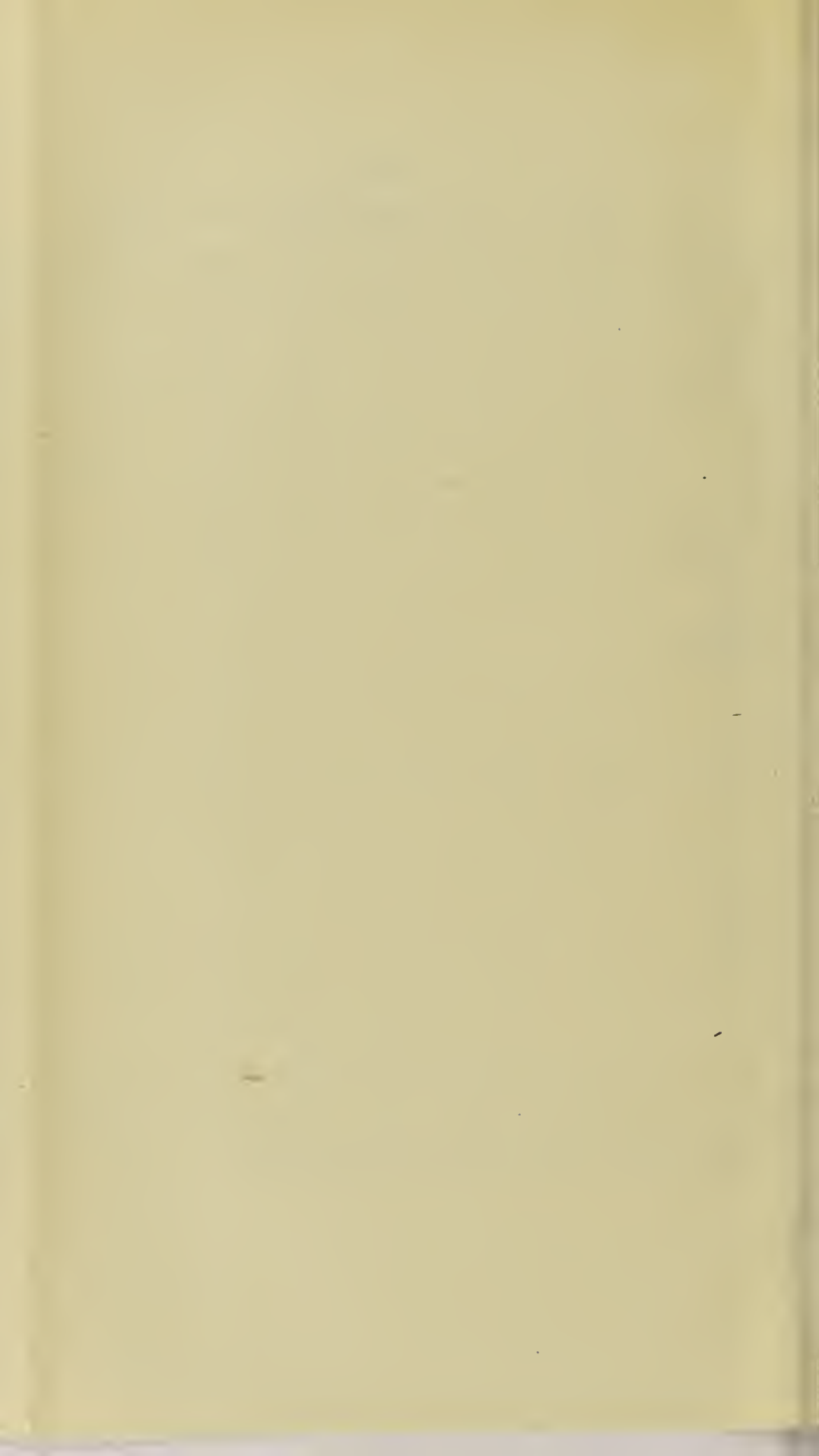


TABLE V.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1949

Causes of Death	All Ages	0—1	1—5	5—15	15—45	45—65	65 and over
1. Typhoid and paratyphoid fevers —	—	—	—	—	—	—	—
2. Cerebro-spinal fever—	2	2	—	—	—	—	—
3. Scarlet fever —	—	—	—	—	—	—	—
4. Whooping cough —	1	1	—	—	—	—	—
5. Diphtheria —	1	—	—	—	—	1	—
6. Tuberculosis of respiratory system —	127	—	1	1	68	38	19
7. Other forms of tuberculosis — —	23	1	4	5	7	3	3
8. Syphilitic diseases —	7	—	—	—	—	1	6
9. Influenza — —	51	—	—	—	3	11	37
10. Measles — —	1	—	1	—	—	—	—
11. Acute polio-myelitis and polio-encephalitis —	11	—	1	3	7	—	—
12. Acute infective encephalitis —	3	—	—	—	1	—	2
13. Cancer of buccal cavity and oesophagus (M), uterus (F) —	68	—	—	—	5	26	37
14. Cancer of stomach and duodenum —	146	—	—	—	4	31	111
15. Cancer of breast —	64	—	—	—	4	24	36
16. Cancer of all other sites — —	420	—	1	—	18	145	256
17. Diabetes — —	42	—	—	—	1	11	30
18. Intra-cranial vascular lesions — —	555	—	—	—	4	100	451
19. Heart Disease —	1588	—	—	1	22	248	1317
20. Other diseases of circulatory system —	167	—	—	—	8	27	132
21. Bronchitis — —	175	—	—	—	6	32	137
22. Pneumonia — —	144	28	6	1	9	18	82
23. Other respiratory diseases — —	81	—	—	—	11	27	43
24. Ulcer of stomach or duodenum —	41	—	—	—	4	24	13
25. Diarrhoea (under two years) — —	6	5	1	—	—	—	—
26. Appendicitis — —	10	—	—	—	3	3	4
27. Other digestive diseases — —	91	—	1	—	6	27	57
28. Nephritis — —	135	1	—	1	11	32	90
29. Puerperal and post-abortive sepsis —	—	—	—	—	—	—	—
30. Other maternal causes — —	2	—	—	—	2	—	—
31. Premature birth —	39	39	—	—	—	—	—
32. Congenital malformations birth injury and infantile diseases —	87	72	6	2	6	1	—
33. Suicide — —	40	—	—	—	9	22	9
34. Road traffic accidents —	35	—	1	2	21	9	2
35. Other violent causes —	90	8	7	6	17	15	37
36. All other causes —	436	8	2	6	34	65	321
All causes — —	4689*	165	32	28	291	941	3232

*including 31 deaths in the Scilly Isles.

Estimated Population and Total Number of Births and Deaths in Cornwall (Excluding Scilly Isles) During Recent Years.

Year	Esti- mated Popu- lation	Live Births						Stillbirths	Deaths							
		Legitimate		Illegitimate					Under 1 Year		At all Ages					
		Males	Females	Males	Females	Total	Rate		Males	Females	Total	Rate per 1,000 live Births	Males	Females	Total	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1930	a) 313,028	2280	2096	123	123	4622	14.77	225	137	100	237	57.27	1985	2284	4269	13.65
1931	b) 312,807	2186	2054	111	108	4459	14.34	202	141	101	242	54.27	2102	2259	4361	14.04
1932	a) 310,827	2161	1989	102	105	4357	13.95	209	137	101	238	54.62	2106	2326	4432	14.19
1933	b) 312,577	2092	1901	103	95	4191	13.43	216	131	87	218	52.01	2105	2375	4480	14.35
1934	312,318	2013	1969	93	118	4193	13.42	206	132	109	241	57.47	1997	2242	4239	13.57
1935	312,090	2073	1913	94	85	4165	13.34	211	117	76	193	46.34	2012	2230	4242	13.59
1936	310,686	2032	1955	99	90	4176	13.44	185	136	78	214	51.24	2071	2225	4296	13.83
1937	308,994	1937	1883	90	83	3993	12.92	173	115	82	197	49.33	2154	2330	4484	14.51
1938	308,297	1927	1933	94	93	4047	13.13	166	136	67	203	50.16	2100	2202	4302	13.95
1939	a) 308,517	1975	1771	85	78	3909	12.67	180	142	88	230	58.84	2227	2375	4602	14.74
1940	b) 312,211	2127	1945	100	96	4268	12.97	163	116	90	206	48.26	2357	2567	4924	14.96
1941	329,138	a) 2215	2125	161	132	4633	12.47	183	159	108	267	52.46	2465	2721	5186	13.96
1942	371,382	c) 2456	2339	160	134	5089		192								
1943	344,944	2427	2212	168	139	4946	14.34	180	135	93	228	46.09	2127	2301	4428	12.84
1944	327,163	2378	2246	183	163	4970	15.19	164	106	72	178	35.81	2201	2388	4589	14.02
1945	322,513	2607	2554	276	236	5673	17.59	180	132	99	231	40.72	2197	2359	4556	14.13
1946	313,559	2225	2199	333	287	5044	16.08	178	101	84	185	36.67	2214	2367	4581	14.61
1947	318,139	2754	2572	229	199	5754	18.09	156	136	87	223	38.75	2168	2817	4555	14.32
1948	321,605	2940	2791	214	166	6111	19.00	177	136	77	213	34.85	2286	2449	4735	14.72
1949	329,828	2603	2463	177	142	5385	16.33	136	117	69	186	34.54	2095	2169	4264	12.93
	d) 330,247	2442	2361	138	146	5087	15.41	127	99	65	164	32.24	2242	2416	4658	14.10
	e) 339,077															

Birth and Death rates calculated per 1,000 of the Population.

- (a) For Birth Rate. (d) Civilian population (for birth and death rates).
 (b) For Death Rate. (e) Total population (including non-civilians stationed in the county).
 (c) For Infant and Maternal Mortality Rates.

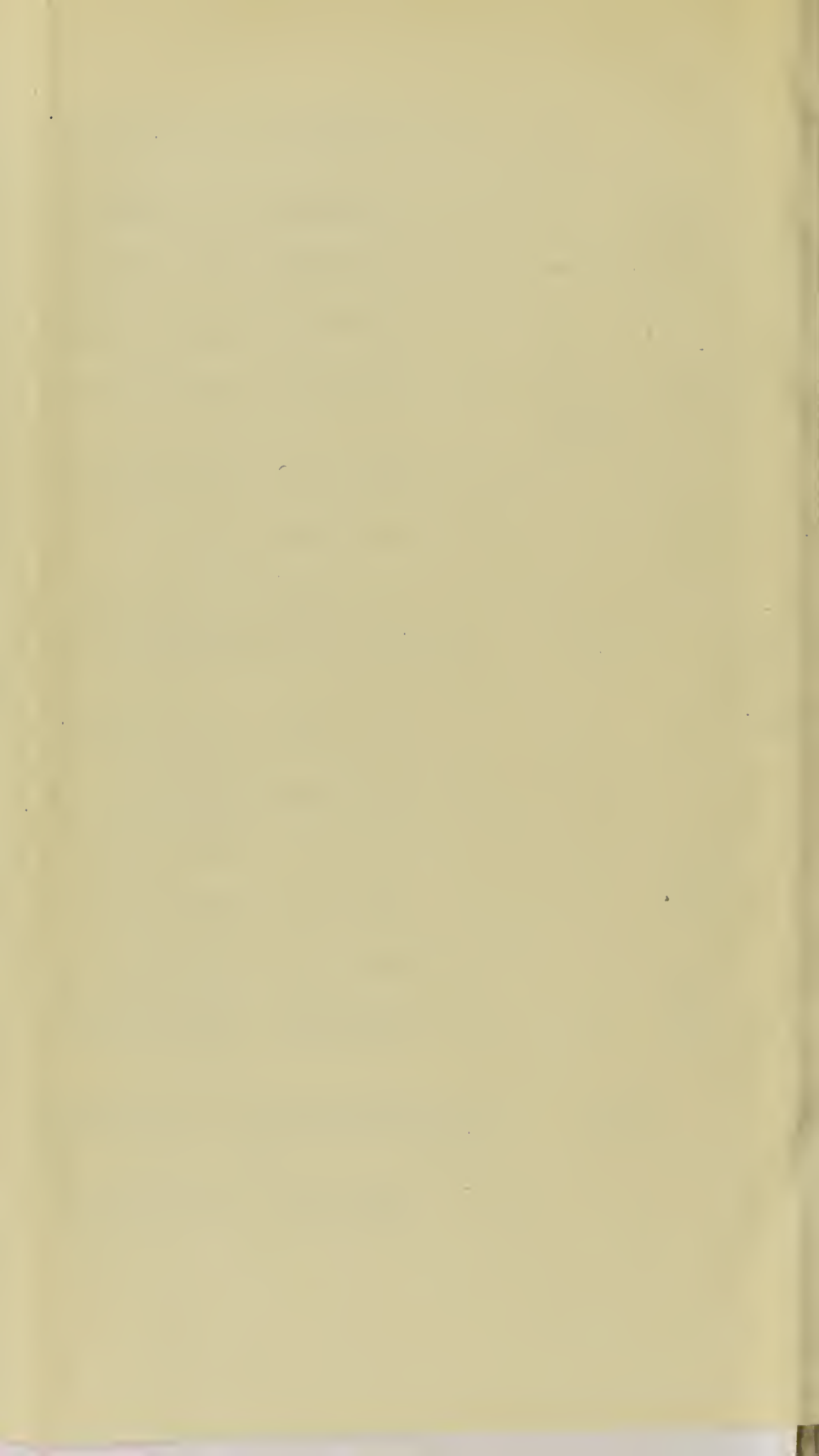


TABLE III.

Infectious Diseases notified in each District during the Year 1949.

Sanitary District	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Cerebro-Spinal Fever	Acute Poliomyelitis	Acute Polio-Encephalitis	Acute Encephalitis Lethargica	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Smallpox	Paratyphoid Fevers	Typhoid Fever (excluding Paratyphoid)	Food Poisoning	Erysipelas	Malaria	Totals
Urban																			
Godmin -	1	2	...	25	1	...	...	...	...	31	...	...	...	...	...	...	1	...	61
Stude-Stratton	1	...	...	2	1	...	2	...	...	...	...	...	...	...	...	...	...	...	6
Camborne-Redruth	22	21	...	497	19	...	26	...	...	7	1	59	...	...	...	...	8	...	660
St. Mawmouth	34	24	...	148	11	...	3	...	...	...	1	3	...	...	...	1	...	...	225
St. Mawsey -	4	...	...	103	1	...	8	...	...	...	...	...	...	...	...	...	...	...	116
St. Mawston	...	...	...	30	...	...	...	...	...	...	...	...	...	...	...	...	1	...	31
St. Mawunceston	2	32	...	4	1	...	1	1	...	...	...	...	...	...	...	...	...	...	41
St. Miskeard -	...	3	...	151	4	...	1	...	...	...	...	1	...	...	...	...	2	...	162
St. Mose -	2	4	...	66	14	...	...	...	...	...	...	...	...	...	...	...	1	...	87
St. Mroswithiel	...	6	...	86	1	...	1	...	...	...	...	1	...	...	...	...	...	...	95
St. Mlewquay	20	4	...	19	11	...	3	...	...	...	...	...	...	...	...	1	1	...	59
St. Mladstow -	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
St. Mlenryn -	1	21	...	39	1	...	1	...	...	...	...	...	...	...	...	...	2	...	65
St. Mlenzance -	5	3	1	24	...	...	8	1	...	...	...	...	...	...	...	3	...	...	45
St. M Austell	30	5	...	177	2	...	5	...	...	...	1	2	...	...	...	...	1	...	223
St. M Ives -	3	12	1	60	1	1	2	1	...	...	...	...	...	...	...	1	4	...	86
St. M Just -	1	...	...	34	6	...	...	...	...	...	...	...	...	...	...	...	...	...	41
St. Maltash -	1	41	...	304	21	...	...	...	...	...	...	...	...	...	...	7	3	...	377
St. Mporpoint	3	3	...	144	7	...	...	...	...	...	...	1	...	...	...	...	1	...	159
St. Muro City	1	5	...	205	12	...	18	1	...	...	...	...	...	...	...	2	4	...	248
TOTALS -	131	186	2	2120	114	1	79	4	—	38	3	67	—	—	—	15	29	—	2789
RURAL																			
St. Mamelford	14	103	...	19	14	...	1	...	...	...	...	...	...	...	...	...	2	...	153
St. M Kerrier -	2	7	...	146	4	...	1	...	...	...	...	...	...	...	...	...	4	...	164
St. M Mawunceston	5	27	...	41	2	...	1	...	...	...	...	...	...	...	...	...	3	...	79
St. M Miskeard -	3	38	...	361	7	...	...	...	...	...	...	...	4	...	...	...	...	...	413
St. M Austell	24	2	...	62	5	...	5	...	...	...	...	...	...	...	...	4	...	...	102
St. M Germans	28	95	...	327	9	...	...	...	...	...	...	1	...	...	...	...	5	...	465
St. M Stratton	...	10	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	13
St. Muro -	3	44	...	285	37	1	12	...	...	...	1	1	...	1	...	2	3	...	390
St. M Vadebridge	4	103	...	3	9	...	1	...	...	...	...	1	...	...	...	...	3	...	124
St. M Vest Penwith	...	26	1	205	7	...	2	1	...	...	...	1	...	...	...	6	3	...	252
TOTALS -	83	455	1	1449	94	1	26	1	—	—	1	4	4	1	—	12	23	—	2155
Whole County	214	641	3	3569	208	2	105	5	—	38	4	71	4	1	—	27	52	—	4944

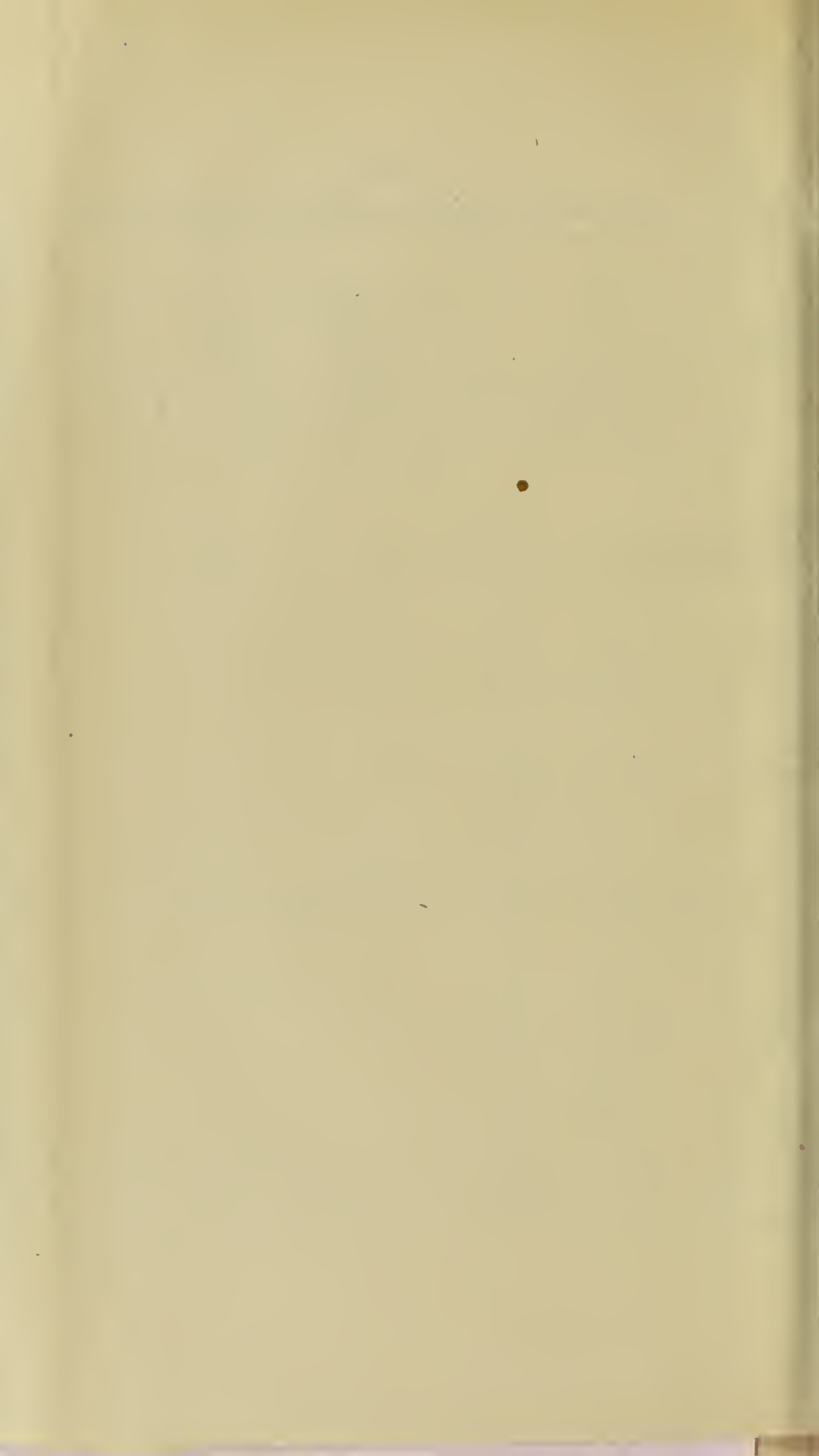


TABLE VI.
MATERNITY AND CHILD WELFARE.

Year	Total No. of births	Percentage of total births occurring in			Midwives							Ophthalmia Neonatorum	
		Patient's home	Redruth Maternity Unit and other Hospitals	Nursing Homes	Total No. Practising	No. employed by C.C.N.A. or C.C.	Percentage of total births attended by—			Medical Aids sent		Total No. of Cases.	No. of cases per 1,000 live births
							Midwives	Maternity Nurses	Midwives in either capacity	Number	Percentage of cases		
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1915	5854	—	—	—	187	112	27	22	49	148	9.39	14	2.6
1920	6964	—	—	—	188	135	30	27	57	360	16.22	35	5.5
1925	4950	—	—	—	208	135	47	31	78	550	26.0	17	3.8
1930	4847	—	1.4	—	218	149	46	34	80	824	38.8	17	3.9
1935	4376	—	3.3	—	214	163	52	38	90	1056	48.50	12	3.0
1940	4431	—	6.5	—	251	184	56	37	93	1272	51.08	12	3.2
1941	5281	65.2	19.1	15.7	231	137	58	39	97	1541	52.23	28	6.1
1942	5126	63.4	20.1	16.5	238	157	59	32	91	1326	43.96	17	3.8
1943	5134	58.5	19.8	21.7	186	152	59	38	97	1166	39.94	23	5.2
1944	5853	54.0	25.0	21.0	250	154	52	46	98	1233	42.08	20	3.9
1945	5222	54.0	23.0	23.0	223	152	54	37	91	937	44.07	12	2.7
1946	5910	56.4	21.2	22.4	181	137	52	38	90	1160	49.32	7	1.4
1947	6288	58.3	19.7	22.0	195	145	58	33	91	1131	39.73	7	1.3
1948	5521	57.3	23.8	18.9	193	140	40	38	78	926	41.99	6	1.1
1949	5214	56.7	33.2	10.1	215	128	36	29	65	412	23.81	6	1.2

